

Drs N A Kuchhai and Dr B S Saheecha

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 Drs N A Kuchhai and Dr B S Saheecha on 3 January 2017. Overall the practice is rated as good.

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

- Staff used an effective system report and investigate significant events and the working culture encouraged openness and honesty to highlight areas for improvement.
- Risks to patients were assessed and well managed, including through medicines management and safeguarding processes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of multidisciplinary working to meet the complex needs of patients, including vulnerable young people and those who received palliative care.
- Patients provided positive feedback about the caring nature of staff and said they took the time to listen to their concerns. We saw staff treated people with compassion, dignity and respect and involved them in care planning and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients that walked in without an appointment were seen on the same day. The practice operated a policy that no patient would be turned away without being seen.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

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

The areas where the provider should make improvement are:

- Ensure learning from significant events is embedded in practice processes and staff professional development.
- Implement a structured system that enables staff to track updates and changes to national clinical and best practice guidance.
- Ensure appraisals are consistent and include evidence of on-going professional development.
- Ensure risk assessments are in place for non-clinical staff who do not have a Disclosure and Barring Service check.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice although there was room for improvement in the consistency of this.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice could not evidence risk assessments for non-clinical staff who did not have a current Disclosure and Barring Service check.
- Risks to patients were assessed and well managed including in relation to medicines management and action taken as a result of national safety alerts.
- The practice had an up to date health and safety policy for staff advising them of the correct protocol for managing risks identified within the practice.

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 similar to or better than the national average. Exception reporting rates were comparable to, or better than, the national average in 19 clinical domains and worse than the national average in two clinical domains.
- Staff assessed needs and delivered care in line with current evidence based guidance although there was no structured system in place to ensure updates were tracked or applied to practice policies.
- Clinical audits demonstrated quality improvement and better patient outcomes, including the management of long term conditions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment because they had access to on-going clinical training.

Summary of findings

- There was limited and inconsistent evidence of effective appraisals and personal development plans.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including those with mental health needs and substance addiction.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients reported 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 Clinical Commissioning Group and other local organisations to secure improvements to services where these were identified.
- Patients said they found it easy to make an urgent appointment and there was continuity of care, with urgent appointments available the same day. However, six patients who completed comment cards noted appointments were often delayed and the practice register of complaints also indicated this.
- 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.
- The practice provided a number of services for patients including practice nurse home medicine reviews for housebound patients, liaison services with community drug rehabilitation teams and referral access to a local gym for health promotion.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had up to date policies and procedures to govern activity and held regular governance meetings.
- 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient representative group was proactive and produced an annual action plan, which we saw was used to improve patient experience.
- The practice demonstrated a commitment to the health and wellbeing of its staff and had supported them professionally and personally.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice invited all patients over 75 years to attend a 30 minute annual health check which included a blood test, medicine review and advice regarding diet, nutrients, exercise and available benefits they may be able to claim.
- Staff offered dementia screening and referrals to a memory clinic as well as assessments using a frailty pathway. This helped to ensure patients received care that met their changing needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A practice nurse contacted patients who attended hospital unexpectedly to support them in managing their condition.
- Performance for diabetes related indicators was variable compared with the national average. For example the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 92% compared to the CCG and national averages of 78%. However the percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 75% compared with the CCG average of 74% and national average of 80%. 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, a named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and support children living in disadvantaged circumstances. This included those who were at risk such as children and young people who had a high number of emergency hospital attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 83% which was comparable to the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided specialised care and support for children with needs relating to behaviour, Asperger's syndrome and attention deficit hyperactivity disorder through a shared care arrangement.
- Child development clinics were offered at six to eight weeks old.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

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 ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflected the needs of this age group, including electronic prescribing and sexual health.
- The practice offered extended hours to support those could not attend appointments during standard working hours.
- The patient representative group was actively promoting recruitment to this age group to improve their representation at practice development meetings.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, those over 75 years of age living alone 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients who were considered vulnerable were given same day priority appointments.
- The practice had identified 1.5% of its patient list were carers.

People experiencing poor mental health (including people with dementia)

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

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%. The practice had exception reported 12% compared to the national average of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a designated dementia support lead who was responsible for overseeing the treatment of all diagnosed patients.
- 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 in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- A GP partner had a special interest in psychology and provided additional specialist services for this patient population group, including in relation to depression, anxiety and substance use.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and related to feedback collected between July to September 2015 and January to March 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twenty two survey forms were distributed and 117 were returned. This represented 2% of the practice's patient list.

- 83% of patients found it easy to get through to the practice by phone compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average and national average of 76%.

- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 87% of patients said the last GP they saw was good at giving them enough time compared to the CCG average of 81% and the national average of 87%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. The general themes were that staff were friendly and caring and took the time to listen and understand patient's concerns. Five patients noted that waiting times for appointments could be lengthy and six patients noted there were often delays of over one hour to be seen for pre-booked appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure learning from significant events is embedded in practice processes and staff professional development.
- Implement a structured system that enables staff to track updates and changes to national clinical and best practice guidance.

- Ensure appraisals are consistent and include evidence of on-going professional development.
- Ensure risk assessments are in place for non-clinical staff who do not have a Disclosure and Barring Service check.

Drs N A Kuchhai and Dr B S Saheecha

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser.

Background to Drs N A Kuchhai and Dr B S Saheecha

Drs N A Kuchhai and Dr B S Saheecha is a two-site GP service. Services are provided from following main location and the branch practice, and patients can attend any of the two practice premises. We visited the main location during this inspection:

The Health Centre (the main practice)

Gooshays Drive

Harold Hill

Romford

RM3 9SU

Heaton Avenue Surgery (the branch practice)

1 Heaton Avenue

Straight Road

Romford

RM3 7HR

The main practice is based in a shared purpose-built health centre that has parking spaces available, step-free access to all clinical areas and an on-site pharmacy.

Drs N A Kuchhai and Dr B S Saheecha is one of a number of GP practices commissioned by Havering Clinical Commissioning Group (CCG). It has a practice list of 7039 registered patients. Havering is in the third most deprived decile out of 10 on the national deprivation scale. The practice has a lower percentage of unemployed patients (2%) compared to the local average of 4% and national average of 5%.

The practice staff includes two male GP partners and three regular locum GPs who are also male. The nursing team consists of three practice nurses. The clinical team provided 28 sessions per week. The administration team include a full time practice manager and a team of 12 reception and administrative staff. A cleaner and gardener were also employed by the practice.

The practice is open during the following hours:

Monday - 8am to 8pm

Tuesday - 8am to 7pm

Wednesday - 8am to 1pm

Thursday - 8am to 7pm

Friday - 8am to 7pm

Appointments are available during the following hours:

Monday - 8am to 7pm

Tuesday - 8.30am to 6.30pm

Wednesday - 8.30am to 1pm

Detailed findings

Thursday - 8.30am to 6.30pm

Friday – 8.30am to 6.30pm

Out of these hours, cover was provided by the local cooperative GP service and the NHS 111 service.

We had previously carried out an inspection at this practice in September 2013 and found it be compliant with the regulated areas we looked at.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 January 2017.

During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and administration team.

- Observed how patients were cared for.
- Reviewed an anonymised sample of the personal care and treatment records of patients.
- Reviewed clinical audits and the investigations of significant events and complaints.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff submitted incident reports using an electronic system and the practice manager and GP partners maintained oversight of this. In addition staff could escalate incidents directly to the partners for immediate support and action. The lead partner was responsible for investigating clinical concerns and the practice manager was responsible for non-clinical incidents. 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.
- The practice carried out a quarterly review of significant events. Although each incident was investigated, it was not always evident that learning was embedded in the practice ensuring to long-term improvements. For example, one incident involved difficulty in obtaining a specific type of medicine for a patient and difficulty in contacting them, which led to an emergency hospital attendance. In another incident, staff had worked with local pharmacists when a patient attempted to fraudulently obtain a controlled drug. Although the immediate needs of patients were met, there was a lack of evidence that learning from either situation had resulted in changed policies, training or practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of the monthly team meetings where these were discussed. We saw evidence that action was taken as a result of national patient safety alerts. For example, following a safety alert that linked a type of diabetes medicine to the risk of toe amputation, staff identified patients at risk and ensured they underwent a medicine and risk review.

Overview of safety systems and processes

The practice had clearly defined and embedded safeguarding systems, processes and practices in place to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and each individual could demonstrate how they accessed them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. For example, if a known vulnerable child did not attend a booked appointment, staff escalated this to a social worker.
- One of the partners was the lead for safeguarding children and adults. GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to adult and child safeguarding level three. Five non-clinical staff had completed level 1 child safeguarding training and all other staff had been booked onto a future training course.
- A notice in the waiting room advised patients that chaperones were available if required. All members of 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 policy outlined the requirement to record in patients' notes if a chaperone had been offered and when a chaperone was used.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included in obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat

Are services safe?

prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition. Their use allows a registered health care professional to administer medicines to a group of patients who fit the criteria without them necessarily seeing a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.
- The practice had not always documented appropriate checks through the Disclosure and Barring Service (DBS). For example, there was no central record of which members of staff had a DBS check and the practice had not completed risk assessments to identify if non-clinical staff needed a DBS check.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and all staff were aware of the different responsibilities between practice staff and the building facilities operator. The practice had up to date fire risk assessments and carried out regular fire drills with the building manager. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- The practice provided health and safety guidance for all staff members that included first aid, waste handling, fire procedures and dealing with violent and aggressive behaviour. From looking at incident reports we saw this policy was enforced and patients who behaved violently were removed from the practice list.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure the main surgery and branch practice always had enough staff.

Arrangements to deal with emergencies and major incidents

The practice had 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. Each consultation room and the reception desk had a panic button which could also be used in an emergency.
- All staff received annual basic life support training and emergency medicines were available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw evidence that these were regularly checked to ensure all equipment was available, in date and fit for purpose. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had an up to date comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and external service contractors. Every member of staff was given a copy of the plan and this was also accessible off site in case the building became inaccessible.
- All staff had up to date fire and evacuation training. A recent evacuation of the building at the main practice site demonstrated planning and training were effective and staff responded appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. National patient safety alerts were received by the practice manager who cascaded them to the relevant team members. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Although systems were in place, there was room for improvement. For example, there was no evidence that updates to NICE and other national guidance was always reflected in practice policies.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records. All alerts were discussed at team meetings but there was no central log or tracker of this information.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 95% of the total number of points available. Overall exception reporting was 4%, which was better than the CCG and national averages of 6%. 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.

Exception reporting was significantly higher than the CCG and national averages in the cancer and depression clinical domains and significantly lower in the peripheral arterial disease and primary prevention of cardiovascular disease clinical domains. For example, exception reporting for cancer was 55% compared to the CCG average of 26% and the national average of 25%. Exception reporting for the primary prevention of cardiovascular disease was 0% compared with the CCG average of 28% and the national

average of 31%. Clinical staff demonstrated an understanding of the high exception reporting for cancer, which they linked with the high local prevalence of lifestyle-related morbidities. This included high rates of smoking and alcohol use combined with difficulty in engaging consistently with patients who did not attend for screening or health intervention. To try and reduce the exception reporting rate, clinical staff implemented more proactive and opportunistic screening of patients and practice nurses implemented an improved recall process for patients who did not attend.

This practice was not an outlier for any QOF or other national clinical targets. Data from 01 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was variable compared with the national average. For example, the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 92% compared to the CCG and national averages of 78%. However the percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 75% compared with the CCG average of 74% and national average of 80%. Exception reporting for diabetes indicators was better than local and national averages.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 95% compared to the CCG average of 91% and national average of 89%. The practice exception reported fewer patients (5%) than the CCG average (11%) and national average (13%).

The partners, practice nurses and practice manager held regular QOF meetings to review the current practice performance, identify areas for improvement and develop an action plan for continued improvement. For example, a GP partner with experience and training in psychological therapies worked with patients diagnosed with schizophrenia or other mental health conditions to ensure they received regular care plan reviews.

There was evidence of quality improvement including from clinical audit:

Are services effective?

(for example, treatment is effective)

- There had been 11 clinical audits completed in the 12 months prior to our inspection, all of which were completed audits where improvements were implemented and monitored.
- The practice participated in local audits and benchmarking (including prescribing) to compare trends against local and national practices, accreditation and peer review.

Findings were used by the practice to improve services. For example, the practice completed an audit on the treatment of chronic obstructive pulmonary disorder (COPD). The audit established prescribing practice against clinical best practice guidance and ensured patients were reviewed regularly. There was evidence of improvements as a result of this audit. For example, in the 2015/16 cycle, 40% of patients had a review in the previous 12 months. However, in the 2016/17 audit, this figure had increased to 86% as a result of a more consistent recall and communication process. In addition, in the 2015/16 audit, 40% of patients had required a therapy change and in the 2016/17 audit, this had decreased to 29%.

Staff had audited the prescribing of psychoactive medicine for patients with a learning disability to ensure they were appropriate. In 100% of case patients had a care plan in place, had received a medicine review and been seen by a consultant in the previous 12 months.

As a result of a diabetes audit, a practice nurse identified elevated blood sugar levels in patients whose diet included high-risk foods for cultural reasons. The nurse invited each patient to an appointment and worked with them to build their confidence in making safer food choices and identifying ways to meet their cultural needs while reducing the risk to their health.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. The programme had been tailored to the various roles within the practice such as administration staff and locum GPs. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There

was room for improvement in the information guidance provided to locum GPs. For example, reference information was not readily provided to locum GPs with regards to care pathways or a directory of local services.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions including asthma and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that 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, discussion at practice meetings and engagement with peers at neighbouring practices.
- Staff had access to ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- All staff had received an appraisal within the last 12 months and the staff we spoke with said they felt appraisals were an effective way to identify their progress and support development needs. However, there was limited evidence appraisals were used to track or improve professional development. For example, in five appraisals we looked at there was no record of developments through training and in three appraisals staff had written they had not gained any new skills or knowledge in the previous year. Appraisals were completed inconsistently and it was not evident that they were used as motivational or development tools. For example, in one appraisal a review of competency against professional standards indicated only 'ok' or 'not okay' in relation to staff performance.
- 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. We saw evidence that the practice responded to

Are services effective?

(for example, treatment is effective)

correspondence such as test results on the same day and had an effective system to ensure the information was cascaded to the correct staff and recorded appropriately.

- The practice had a system in place to ensure two-week wait cancer referrals were received by the relevant service.
- The practice shared relevant information with other services in a timely way such as when referring patients to other services. For example, GPs attended a six-weekly integrated care meeting with the community nursing team and community matron to review care planning for patients with complex needs. This helped to reduce unnecessary patient attendances at hospital emergency departments because patients had the knowledge to manage their conditions and were able to contact the practice or community teams for help.
- A GP with additional training in psychology worked closely with a home treatment team to care for patients in the community. Each patient had an annual health check that included an electrocardiogram, blood tests and a multidisciplinary team review. 83% of this patient group had an up to date care plan.

Staff worked 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. Integrated care management 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.

Staff worked with hospice nurses, social workers and district nurses to provide a coordinated care plan for patients who received palliative care. Staff attended multidisciplinary meetings and monitored end of life care against the national gold standard framework criteria to help meet each patient's final wishes, including preferred place of death.

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 including the Gillick competencies and Fraser guidelines. We also saw evidence staff encouraged young people to talk to their parents or relatives about treatment to ensure they had support.
- 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.
- Consent for minor surgery was documented on the day of the procedure with two clinical staff present. We reviewed patient records and observed that consent had been appropriately sought and recorded.

Supporting patients to live healthier lives

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

- Patients were signposted to relevant services to meet their needs, such as to a smoking cessation advisor available in a nearby pharmacy. Staff also provided signposting and referral for those at risk of developing a long-term condition and those requiring advice on their diet, drugs and alcohol cessation, patients over 75 years of age, and patients with no fixed abode
- The practice flagged the computer records of patients who required additional support when attending the practice. This alerted staff to the specific individual needs of these patients when they presented at the reception counter.
- Staff recognised increasing rates of obesity in the local population and implemented health promotion strategies to address their needs. This included exercise referrals to a gym with feedback between clinical staff and fitness staff at the gym to monitor progress. Patients were also supported to complete food diaries.
- Staff provided sex education advice to young people, including for family planning and contraception. Specialist sexual health services were provided locally and staff proactively signposted young people to them.

The practice's uptake for the cervical screening programme was 83% which was comparable to the CCG average of 82% and the national average of 81%. There was a policy to

Are services effective?

(for example, treatment is effective)

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel cancer screening in the last 30 months was 45% compared to the CCG average of 57% and national average of 58%. The practice uptake for breast screening for patients aged 50-70 in the last 36 months was 73% compared to the CCG average of 74% and national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 89% in comparison to the national expected coverage of 90%. Average MMR immunisation rates for both doses was at 82% compared to the CCG average of 80% and the national average of 91%.

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.

Clinicians followed national specialist protocols to support patients newly diagnosed with diabetes with self-management. For example, staff undertook training to be able to deliver care in line with the dose adjustment for normal eating (DAFNE) and diabetes education and self-management for ongoing and newly diagnosed (DESMOND) programmes.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 and 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care and approach of staff. The general themes were that staff were friendly and caring and respected patient dignity. Five cards stated that waiting times for appointments could be long and six cards stated that booked appointments were often delayed.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and the national average of 92%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 91% and the national average of 92%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated people felt involved in decision making about their care. 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 91%.

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. The practice had access to a telephone translation service and interpreters were invited to the practice at the patients' request. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format on request.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.2% of its patients as carers. The nurse team actively attempted to identify patients who were carers and advised them to receive the flu vaccine. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Where families suffered a bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time 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

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services.
- There were longer appointments available for patients with a learning disability. Patients could request a home visit for their annual review and in the 12 months prior to our inspection 67% of patients with a learning disability had undergone a health check. GPs liaised with consultant psychologists as part of their holistic approach to care, which included an understanding that patients could find it difficult to express their needs.
- The practice provided care to patients with mental health needs according to shared care guidelines. This included medicine reviews and in the 12 months prior to our inspection 92% of patients had a care plan review.
- The practice provided specialised care and support for children with needs relating to behaviour, Asperger's syndrome and attention deficit hyperactivity disorder through a shared care arrangement.
- The practice followed national dementia friendly guidance from the Alzheimer's Society, including through staff training and regular health checks.
- Same day appointments were available for children, vulnerable patients and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities and translation services available.
- Staff recognised that high levels of deprivation in the local population meant young parents could often be vulnerable and have complex social needs. To address this, new baby checks were offered at six to eight weeks as part of a child development clinic and new parents were offered guidance, support and home visits if they had limited support at home.
- A GP had a special interest and training in psychology services and offered appointments for patients who needed support with complex mental health needs, including substance misuse.
- A community phlebotomy service was available for housebound patients and practice nurses worked closely with this team to conduct medicine reviews with patients, for example after new results were received.
- The practice ran dedicated clinics for a number of conditions, including diabetes, asthma, family planning, anticoagulation, cryotherapy and minor surgery.
- The practice invited all over 75 year olds to attend a 30 minute health check which included a blood test, full health review and advice regarding diet, nutrients, exercise, a dementia screen and frailty check. At the time of our inspection 100% of patients in this age group had undergone a health review in the previous 12 months.

Access to the service

The practice was open during the following hours:

Monday - 8am to 8pm

Tuesday - 8am to 7pm

Wednesday - 8am to 1pm

Thursday - 8am to 7pm

Friday - 8am to 7pm

Appointments are available during the following hours:

Monday - 8am to 7pm

Tuesday - 8.30am to 6.30pm

Wednesday - 8.30am to 1pm

Thursday - 8.30am to 6.30pm

Friday - 8.30am to 6.30pm

Outside of these hours, cover was provided by the local cooperative GP service or by referral to the NHS 111 service.

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw evidence that urgent, nurse and phlebotomy appointments were available the same day and routine GP appointments were available within one week. In addition any patients that walked in to the practice was seen on the same day as the practice had a policy that no patients would be turned away.

Are services responsive to people's needs?

(for example, to feedback?)

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.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice designated a duty doctor each day to take responsibility for home visit requests and emergency appointments. The patient would be contacted by telephone to assess the risk. 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 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.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a leaflet which was available in different formats for patient who needed additional assistance. The leaflet advised patients of alternative organisations to raise concerns if they were unhappy with the outcome of the complaint. These included the Parliamentary and Health Service Ombudsman, Healthwatch and the Independent Health Complaints Advocacy.

We looked at five complaints received between March 2016 and November 2016 and found these were satisfactorily handled, dealt with in a timely way, open and transparent. Lessons were learnt from individual concerns and complaints as well as from analysis of trends which was discussed during team meetings. We saw complaints were reviewed and evidence of actions taken as a result to improve the quality of care. For example, one complaint highlighted concerns about a delay in seeing a baby with urgent symptoms. The patient's parent received an apology and was informed of what the practice would do to improve this element of the service, including more detailed guidance for receptionists on prioritising patients based on urgency. In addition, as a result of a complaint, administration staff displayed posters in the waiting area when clinics were running late due to emergencies.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values and demonstrated these when providing care and services.
- The practice had a strategy and business development plan which outlined the changes the practice planned to make in 2017. However, there was not a clear future plan for the ongoing development of the nursing team, despite their increasingly diverse and specialised role in the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice was actively upskilling staff to ensure there was adequate cover in each role within the practice.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice had achieved a high score for QOF points, however the number the exception reporting level was higher than the CCG and national average.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated how they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable, created an inclusive culture and always took the time to listen.

The practice invested in its staff and provided additional support where required to enable them to achieve individual goals. For example, one of the practice nurses had joined the surgery as a healthcare assistant. The senior team supported them to successfully complete a degree and become a registered nurse.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by the senior team.

- Administration staff met weekly with GPs to discuss significant events, complaints and any concerns.
- Practice meetings were held quarterly and each individual had the opportunity contribute to the agenda in advance.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice. We saw evidence that the practice was cross training staff members to ensure there is greater flexibility to cover various duties during staff absence.

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 and design of the service.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient representative group (PRG) and through surveys and complaints. The PRG discussed practice issues, submitted proposals for improvements and established an annual action plan with the practice management team. For example, the 2015/16 action plan included six targets to improve patient experience, including replacing chairs in the waiting room and increasing the number of appointments available. At the time of our inspection the practice had implemented some improvements in line with the action plan. For example, a new telephone system had been installed that improved reliability and meant it was easier for patients to make an appointment. In addition, a third locum GP had been employed to increase the number of appointments available.
- We saw evidence of two patient surveys to gain feedback on additional services and weekend opening hours.
- The practice gathered feedback from patients through a practice survey on an annual basis and reviewed comments from patients on public websites. Patients

who included their contact details with survey responses were invited to an annual meeting to discuss their experiences. The PRG had designed a new online patient survey to improve feedback and this was due to be launched in January 2017. An adapted version of the survey had been designed for housebound patients and would be launched at the same time.

- The practice had gathered feedback from staff through regular team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was in the planning stages of establishing a clinic to be able to offer on-site antipsychotic drugs in depo injection form for patients with mental health needs in partnership with an NHS trust. A depo injection is a slow-release, slow-acting form of medicine that means it lasts longer.