Dr Srinivasan Subash Chandran

Quality Report

Sheerness Health Centre
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Date of inspection visit: 12 May 2015
Date of publication: 26/11/2015

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Srinivasan Subash Chandran on the 12 May 2015. During the inspection we gathered information from a variety of sources. For example, we spoke with patients, interviewed staff of all levels and checked that the right systems and processes were in place.

Overall the practice is rated as inadequate. Specifically, we found the practice inadequate for providing safe and well –led services. It also required improvement for providing effective and responsive services and was rated as good for providing a caring service.

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw staff treated patients with kindness and respect, and maintained confidentiality.
- Patients said that the practice team provided attentive care which met their needs. They said they appreciated the fact that the staff knew them well.
- Patients told us urgent appointments were usually available the same day
- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe.
- Although the practice had carried out some limited audits in respect of patient care we saw no evidence of completed clinical, medicine and safety alert related audit cycles to support improvement in performance and improve patient outcomes.
- Whilst the practice received national guidance there was no evidence that the practice was using this to review their clinical practice, share learning or improve outcomes for patients.

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

Summary of findings

Importantly, the provider must:

- Ensure that safe care and treatment is provided to patients by having a formal system to underpin how significant events, incidents and concerns should be monitored, reported and recorded.
- Ensure that information about safety is used to promote learning and improvement.
- Ensure that national guidance and professional guidelines are used to promote best practice in the care and treatment provided.
- Ensure there is a formal system to routinely check the medicines held within home visit bags.
- Ensure that medicine audits are routinely conducted, in order to review patients who may be at risk of taking medicines that are highlighted in medicine safety alerts.
- Ensure that there is a robust system for monitoring and responding to complaints so that lessons are learned to improve outcomes for patients or the service based on complaints received.
- Ensure that governance processes and procedures are implemented to establish an on-going programme of clinical audits, as well as audits of safety alerts which must be used to monitor quality and systems to identify where action should be taken.
- Ensure that national data collected from the Central Alerting System and incidents/events is monitored, assessed and/or used to improve patient safety within the practice. Additionally, formal arrangements for monitoring safety, using information from audits, risk assessments and routine checks must be established.
- Ensure that Disclosure and Barring Service (DBS) checks or appropriate risk assessments are completed for all staff who act as chaperones.

In addition the provider should:

- Update the process for checking and recording stock levels of emergency medicines.
- Record and maintain minutes of all meetings held at the practice.
- Review staff training to provide all staff with knowledge and an understanding of the Mental Capacity Act 2005.
- Maintain minutes of meetings where GPs and the practice manager discuss adverse events on a weekly basis, which include details of actions taken by the practice to prevent future adverse events,

On the basis of this inspection and the ratings given to this practice the provider has been placed into special measures. This will be for a period of six months when we will inspect the provider again.

Special measures is designed to ensure a timely and coordinated response to practices found to be providing inadequate care.

Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid having its registration cancelled.

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?

Inadequate

The practice is rated as inadequate for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there were no formal systems to ensure staff learned from significant events/incidents. Medicines held in GPs home visit bags were not monitored routinely in order to ensure that medicines were within their expiry date. There was no process for checking and recording stock levels of emergency medicines held in the practice. Medicine audits were not routinely conducted, in order to review patients who may be at risk of taking medicines that are highlighted in medicine safety alerts.

The practice had effective recruitment procedures to ensure that staff employed were of good character, had the skills, experience and qualifications required for the work to be performed. However, administrative staff who acted had chaperones did not have Disclosure and Barring Services (DBS) checks in place.

The practice had both an emergency and business continuity plan. There were service and maintenance contracts with specialist contractors, who undertook regular safety checks and maintained specialist equipment.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Multidisciplinary working was taking place but record keeping was limited or absent. Monitoring safety, using information from audits, including clinical audits, risk assessments and routine checks were not being conducted in order to drive improvement in performance to improve patient outcomes. National guidance and professional guidelines were not being used to promote best practice in the care and treatment provided. National data collected from incidents/events and alerts was not always monitored, assessed and/or used to improve patient safety within the practice.

Summary of findings

Patients' needs were assessed and care was planned and delivered in line with their needs. This included assessing capacity and promoting good health. Staff had received some training appropriate to their roles. There was evidence of appraisals for all staff.

Are services caring?

Good

The practice is rated as good for caring. The most recent data from the national patient survey showed that the practice was rated as the below the national average for patient satisfaction. The evidence from this source showed patients were not always satisfied with how they were treated and were slightly below average for being treated with compassion, dignity and respect. The practice was also slightly below average for its satisfaction scores on consultations with doctors and better than expected for its satisfaction scores on consultations with nurses.

The practice had individual care plans for patients with a long term conditions, such as dementia and cardiac conditions. Patients' needs were assessed and care and treatment provided was discussed with patients and delivered to meet their needs. Patients' privacy and dignity was respected and protected and their confidential information was managed appropriately. Patients told us they were involved in decision making and had the time and information to make informed decisions about their care and treatment. There were appropriate procedures for patients to provide written and verbal consent to treatment.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for responsive, as there are areas where improvements should be made. The practice did not have an established patient participation group (PPG). There was a process to record when complaints were received. However, the form used to record how they were investigated and the response sent to the complainant was not completed. Therefore, there were no records to support that complaints had been appropriately responded to and whether any actions were taken by the practice in order to learn from complaints.

Information about how to complain was readily available to patients and other people who used the practice (carers, visiting health professionals). The practice reviewed and were aware of the needs of their local population and maintained links with stakeholders to plan service requirements. The practice had good facilities and was well equipped to treat patients and meet their needs. Urgent on the same day and pre bookable appointments were available.

Summary of findings

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well led services, as there are areas where improvements should be made. There were no formal systems to share best practice guidance and information with staff. There were no formal governance arrangements in order to continuously improve services. Patients and staff were not always encouraged and supported to be actively involved in the quality and monitoring of services provided, to help ensure improvements were made. Staff had received annual appraisals. Staff supervision was held informally and there were no written records to show that staff were met in a formal manner to discuss performance, quality and risks. Risks to the practice and service provision had not been appropriately identified and action taken to reduce or remove the risk. Records of meetings held at the practice, audits conducted and, actions taken to address complaints were not being maintained, nor were they cascaded to the whole staff team.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice did not have systems in order to gather feedback from staff and patients.

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

Inadequate

The practice is rated as inadequate for the care of older people. Care and treatment of older people did not always reflect current evidence based practice. Although risks to older people who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. The practice had individual care plans for older patients with a long term conditions, such as dementia and cardiac conditions.

Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. For example, dementia and end of life care.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people long term conditions. There were emergency processes and referrals made for patients in this group that had a sudden deterioration in health. When needed, longer appointments and home visits were available. Staff were knowledgeable about prioritising appointments and worked with the GPs to help ensure patients were seen according to the urgency of their health care needs. Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, there were emergency processes for patients with long-term conditions. All these patients had structured annual reviews to check their health and medicine needs were being met. The practice worked closely with community nursing teams and the integrated care team to support patients with long-term conditions and those with complex needs who received care and treatment from a range of services. Patients told us they were referred promptly to other services for treatment and test results were available quickly. Care and treatment of people with long-term conditions did not always reflect current evidence based practice (such as NICE guidance), as the provider did not always respond to safety and medicine alerts, which may affect this population group.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people, as there are areas where improvements should

Summary of findings

be made. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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 emergency processes and referrals made for children and pregnant women who had a sudden deterioration in health.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students), as there are areas where improvements should be made. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care. The practice was not proactive in offering online services as there was no website available for this practice. A full range of health promotion and screening which reflected the needs for this patient population group was available.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable, as there are areas where improvements should be made. The practice held a register of patients living in vulnerable circumstances including people living in deprivation and those with learning disabilities. The practice had recognised the needs of this population group in the planning of its services. For example, longer appointment times were available when patients with learning disabilities received their annual review.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. However, minutes of meetings held were not completed, therefore it was difficult to determine how frequent these meetings were held, which patients were discussed and what changes to care and treatment had occurred as a result of these discussions. 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 and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia), as there are areas where improvements should be made. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. However, minutes of meetings held were not completed, therefore it was difficult to determine how frequently these meetings were held, which patients were discussed and what changes to care and treatment had occurred as a result of these discussions. Individual care plans for people experiencing poor mental health (including people with dementia) had been completed.

The practice had sign-posted patients experiencing poor mental health to various support groups and charitable organisations.

Summary of findings

What people who use the service say

During our inspection we spoke with four patients who told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they experienced few difficulties when making appointments.

We looked at 27 patient comment cards. 23 comments were positive about the service patients experienced at Dr Srinivasan Subash Chandran's practice. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe. Four comment cards were less positive with a common theme of difficulties in obtaining an appointment that suited their needs.

Results from the National GP Patient Survey 2013/14 demonstrated that the practice was performing considerably better than other practices locally and nationally. For example;

- 81.3% of respondents found it easy to get through to the surgery by phone compared with a local average of 69.2% and national average of 75.5%.
- 51.2% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments which is below the local average of 51.9% and slightly above the national average of 50.7%.

We looked at the NHS Choices website where patient survey results and reviews of Dr Srinivasan Subash Chandran were available. Results showed the practice as 'in the middle range' with 70.6% of patients who would recommend this practice and 83.3% of patients rated the overall experience of this practice as good or very good.

Areas for improvement

Action the service MUST take to improve

- Ensure that safe care and treatment is provided to patients by having a formal system to underpin how significant events, incidents and concerns should be monitored, reported and recorded.
- Ensure that information about safety is used to promote learning and improvement.
- Ensure there are formal arrangements for monitoring safety, using information from audits, risk assessments and routine checks.
- Ensure that national guidance and professional guidelines are used to promote best practice in the care and treatment provided.
- Ensure there is a formal system to routinely check the medicines held within home visit bags.
- Ensure that medicine audits are routinely conducted, in order to review patients who may be at risk of taking medicines that are highlighted in medicine safety alerts.
- Ensure that there is a robust system for monitoring and responding to complaints so that lessons are learned to improve outcomes for patients or the service based on complaints received.
- Ensure that governance processes and procedures are implemented to establish an on-going programme of clinical audits, as well as audits of safety alerts which must be used to monitor quality and systems to identify where action should be taken.
- Ensure that national data collected from incidents/ events and alerts is monitored, assessed and/or used to improve patient safety within the practice.
- Ensure that Disclosure and Barring Service (DBS) checks or appropriate risk assessments are completed for all staff who act as chaperones.

Summary of findings

Action the service SHOULD take to improve

- Update the process for checking and recording stock levels of emergency medicines.
- Update the whistle blowing policy to include the correct details of the CQC and relevant Clinical Commissioning Groups.
- Record and maintain minutes of all meetings held at the practice.
- Review staff training to provide all staff with knowledge and an understanding of the Mental Capacity Act 2005.
- Review and update the infection control policy in order to identify a member of staff as the infection control lead.
- Implement a policy that reflects the system used to manage, test and investigate legionella.
- Improve systems to make care plans accessible when patients from the practice attend the out of hours service.
- Maintain minutes of meetings where GPs and the practice manager discuss adverse events on a weekly basis, which include details of actions taken by the practice to prevent future adverse events, lessons learnt from any incident/event and cascade these to the whole staff team.

Dr Srinivasan Subash Chandran

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr Srinivasan Subash Chandran

Dr Srinivasan Subash Chandran's practice is based in Sheerness Health Centre and provides medical care Monday, Wednesday, Thursday and Friday 8.30am – 6.00pm and Tuesday 8.00am – 7.45pm. The practice provides services to approximately 4,200 patients on the Isle of Sheppey in Kent.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. There are a range of patient population groups, with the majority being working aged that uses the practice.

The practice has a primary medical services (PMS) contract with NHS England for delivering primary care services to local communities.

The practice has opted out of providing out-of-hours services to their own patients. There are arrangements with other providers (MedOCC) to deliver services to patients outside of Dr Srinivasan Subash Chandran's working hours.

The practice has one male GP partner and one male salaried GP. There is one female practice nurse and one female health care assistant, who undertake blood tests, blood pressure tests, new patient checks and NHS health checks. The practice has a number of administration/ reception staff as well as a practice manager.

Services are delivered from;

Sheerness Health Centre

250-262 High Street

Sheerness

Kent

ME12 1UP

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. This 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.

This provider had not been inspected before and that was why we included them.

Detailed findings

How we carried out this inspection

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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local Healthwatch, clinical commissioning group and NHS England to share what they knew. We carried out an announced visit on 12 May 2015. During our visit we spoke with a range of staff including two GPs, two administration staff, the deputy practice manager and the practice manager. We spoke with four patients who used Dr Srinivasan Subash Chandran's practice and reviewed 27 comment cards where patients and members of the public shared their views and experiences of using the practice. We observed how telephone calls from patients were dealt with. We toured the premises and looked at policy and procedural documentation. We observed how patients were supported by the reception staff in the waiting area before they were seen by the GPs.

Inadequate

Are services safe?

Our findings

Safe track record

Staff we spoke with were able to describe their responsibilities in relation to monitoring and reporting incidents and concerns. However, there were no formal systems to underpin what we were told by staff regarding how incidents and concerns should be monitored, reported and recorded. Information about safety was not used to promote learning and improvement.

We observed that two significant event reports had been recorded for the last twelve months. One related to staff being locked out of the building. The event had been recorded and investigated and actions were taken to address the issues appropriately. For example, having more sets of keys cut and stored locally, to ensure the building is accessible to staff if they are unable to gain entry. There were no records available to show that any significant clinical events had occurred or been reported in the 12 month timeframe.

Learning and improvement from safety incidents

The practice had a formal system that was not understood by all staff for reporting, recording and monitoring significant events and incidents. Staff told us they felt confident to report incidents, significant events and errors, which were reported to the principal GP or the practice manager. However, whilst GPs and the practice manager told us they discussed adverse events on a weekly basis, minutes from these meetings were not completed with details of actions taken by the practice to prevent future adverse events. Therefore evidence of discussions, actions taken to address issues and lessons learnt from any incident/event were not recorded appropriately. Neither were they cascaded to the whole staff team.

Safety alerts from outside agencies were received by either the principal GP or the practice manager. Safety alerts provide information to keep the practice up to date with failures in equipment, processes, procedures and substances used in general practice. Any information received in relation to safety alerts was cascaded to the GPs and practice staff by placing posters in key staff areas, such as the kitchen and via a monthly newsletter. However, there were no audits carried out in relation to safety alerts which would provide a clear audit trail of actions taken by the provider to help ensure patients' safety. National data collected from incidents/events and alerts was also not monitored, assessed and/or used to improve patient safety within the practice. Staff we spoke with were unable to give examples of recent alerts that were relevant to the care they were responsible for because these were not cascaded to the staff team. The GP told us alerts were discussed at practice meetings. However, minutes of such meetings were brief in content and did not provide written guidance to staff as to where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had systems and processes for safeguarding vulnerable adults and children who used services. The principal GP was trained to level 3 in safeguarding and was designated to be the lead in overseeing safeguarding matters. There was a protocol and contact numbers for child and adult protection referrals available to all staff. The policy reflected the requirements of the NHS and local authority safeguarding protocols and included a 'safeguarding governance' flow-chart and the contact details of the named lead for safeguarding within the NHS England area team as well as the local authority. Staff we spoke with told us they were aware of the protocols, procedures to follow and who to contact, if they had to report any concerns.

Other health care professionals, who had contact with vulnerable children and adults, were involved in safeguarding the patients from the risk of harm and abuse as multidisciplinary safeguarding information held at the practice was appropriately being shared with the health visitor team for the area.

All staff were knowledgeable and had received training in both safeguarding adults and children. Staff told us told us they had received training either at level two or three, in safeguarding vulnerable adults and children. Records viewed confirmed this. Training records for GPs demonstrated they had the necessary training to appropriately conduct their roles in managing safeguarding issues and concerns within the practice.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments. For example, children subject to

child protection plans. The GPs and practice manager told us they liaised with social services and health visitors to share information in relation to adult and child protection concerns that were identified within the practice.

The practice had a chaperone policy which detailed the arrangements for patients who wished to have a member of staff present during intimate clinical examinations or treatment. A chaperone is a person who serves as a witness for both patient and medical practitioner as a safeguard for both parties during a medical examination or procedure. Posters were not displayed for patients' information in the waiting area or consultation rooms, detailing that chaperone services were available. The policy stated that only those staff who had received appropriate training chaperoned patients. Records showed that all staff who acted as chaperones had received appropriate training. However, there were no records to show that administrative staff had a DBS check and risk assessments had not been completed to show the reason why these staff did not have them.

Medicines management

We spoke with GPs and administrative staff who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and to help ensure that patients on long-term medicines were reviewed on a regular basis.

Patients told us they had not experienced any difficulty in obtaining their repeat prescriptions. They told us that they were usually available sooner than the 48 hours specified and that the practice contacted them to attend appointments if a review was required.

The temperature of the medicines refrigerators was monitored and documented. The medicines refrigerator was kept locked when not in use to help ensure that refrigerated medicines were kept safely and securely.

Due to the nurse being absent from the practice for a period of time, GPs were administering vaccines. We saw that when the nurse was present they used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

There was a process to help monitor the security of prescription pads for use in the printers so that the practice could track when they were used and this was in line with national guidance.

There were no controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) stored at the practice.

We reviewed the processes for GPs home visit bags. We found that one GP had a medicine in their home visit bag which was 12 days past its expiry date. Home visit bags were the responsibility of the GPs and we were told by the practice manager that GPs should review medicines held in their home visit bag routinely and report to the practice manager when stocks were low or medicines had expired. Which meant that patients were at risk of receiving medicines which were expired and ineffective. There was no documentation in place to show that a formal system to routinely check the medicines held within home visit bags had been established.

The practice had established a service for patients to pick up their dispensed prescriptions at all of the local pharmacies and had systems in place to monitor how these medicines were collected. They also had arrangements in place to ensure that patients collecting medicines from this location were given all the relevant information they required.

Cleanliness and infection control

All the areas of the practice appeared clean and tidy. Patients told us they felt the practice was cleaned to a high standard, tidy and said they had no concerns about the cleanliness of the premises.

Liquid hand wash and disposable towels had been provided in the public and staff toilets. There was a notice displayed in public areas that informed patients about the importance of hand washing to help reduce the spread of infection.

Clinical rooms had clinical waste bins, along with liquid soap and disposable paper towels. Disposable privacy curtains were used in clinical rooms and there was a schedule for routinely changing them. The practice had material curtains in all consultation rooms. We were told that the curtains were routinely changed at six month intervals. However they could not be changed immediately

if they became soiled because no supplies of replacement curtains were held on the premises, these were requested from hotel services and replaced when the cleaner attended the practice later in the day.

Sharps bins had been dated and information about safe disposable of clinical waste and sharps was displayed. In the consulting rooms there were disposable couch coverings. There was personal protective equipment (PPE) available in the clinical rooms. Records showed that the practice had a contract for the safe disposal of clinical waste.

The practice had an infection control policy, which included a range of procedures and protocols for staff to follow. For example, hand hygiene, a spillage protocol, management of sharps injuries and clinical and hazardous waste management. The infection control policy included details of who was responsible for the cleaning of the premises. Any concerns or cleaning issues with the premises were reported by the practice to this person. Weekly audits by the hospital lead cleaner were conducted and the practice manager held copies of these reports. There had been no actions required from the last three audits that we reviewed. Staff we spoke with demonstrated a clear understanding of their role and responsibilities in relation to infection prevention and control, including referring outbreaks of infectious diseases to external agencies. However, there were no formal systems to underpin what we were told by staff in relation to the tasks they conducted to ensure the risk of infection was minimised. The practices infection control and prevention policy named the practice nurse as the lead person. However, there were discrepancies amongst staff as to who they thought the lead person was in matters relating to infection control.

Staff told us they had received training in infection control and records confirmed this.

Cleaning schedules were used and completed by staff to identify and monitor the cleaning activities undertaken on a daily, weekly and monthly basis. The practice carried out infection control audit cycles that followed up to date best practice guidance. The practice carried out analysis of these audit results, made action plans to address any issues identified (for example, hand washing) and planned to repeat the audit to assess the impact of any actions taken and complete a cycle of clinical audit. Records showed that results of findings of such audits were shared with relevant staff.

Records confirmed that the practice had carried out regular checks to reduce the risk of infection of legionella (a germ found in the environment which can contaminate water systems in buildings) to staff and patients. The management, testing and investigation of legionella was carried out by the landlord of the premises. Once checks had been completed a copy of the report was sent to the provider. Records confirmed this.

Equipment

There were processes and systems to keep the premises and building safe for patients, staff and visitors. Records showed there were service and maintenance contracts with specialist contractors, who undertook regular safety checks and maintained specialist equipment.

Equipment and the premises were appropriately checked to ensure they promoted staff, patient and visitors safety. Records demonstrated that training had been provided to staff in respect of fire safety awareness. The premises had an up-to-date fire risk assessment and regular fire safety checks were recorded.

There was a planned maintenance plan in use by the practice which took into account accessing equipment in the event of equipment becoming faulty. Records showed that any necessary repairs reported were addressed quickly. Records also demonstrated that portable appliance testing (PAT) of electrical appliances was up to date. The last PAT was carried out in November 2014.

The premises were maintained and there were service contracts with specialist contractors. For example, fire safety equipment testing and electrical testing had been undertaken.

Staffing and recruitment

There was a recruitment policy that reflected the recruitment and selection processes completed by the practice. Records showed that staff files contained evidence of having some of the appropriate pre-employment checks. For example, proof of identity, references and application forms.

Inadequate

Are services safe?

Records showed that Disclosure and Barring Service (DBS) checks (a criminal records check) had been completed for GPs. There were no records to show that administrative staff had had a DBS check. The process for obtaining these had been commenced prior to the completion of our visit and we saw that applications were being made. The practice had a system that routinely checked with the General Medical Council (GMC) and to the Nursing & Midwifery Council (NMC) to help ensure staff maintained their professional registration.

Staff told us the practice had strategies for the staff team to safely cover staff shortages and absences with minimal or no use of locum or agency staff. Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure that enough staff were on duty.

There were sufficient staff at the practice, patients did not have any difficulties accessing a GP or nurse appointment and received appointment times appropriately. Patients told us they never had to wait for long periods of time to see the GP of their choice.

Monitoring safety and responding to risk

There were no formal arrangements to underpin the process followed by staff for monitoring safety, using information from audits, risk assessments and routine checks, as these had not been carried out. The practice had a significant event/critical event policy however, this was not signed or dated to show how current it was or to show whether staff had read and understood it.

Clinical meetings were held informally between the GPs and the practice nurse. We were told by the GPs that these meetings were used to discuss patients, complaints and significant events. GPs told us these meetings also determined how decisions were made about home visits and how the practice provided sufficient hours for patient appointments, including emergency appointments. We were told that minutes of these meetings were recorded however, we did not see any minutes to support that such discussions were being held.

We spoke with all staff who were knowledgeable about prioritising appointments and worked with the GPs to help ensure patients were seen according to the urgency of their health care needs. Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, there were emergency processes for patients with long-term conditions. Staff gave us examples of referrals made for patients whose health deteriorated suddenly. We were told by the GP and practice manager that weekly clinical meetings were held. However, minutes of these meetings were not completed therefore it was difficult to assess how frequently these meetings were conducted and the impact or improvements made to the service patients received as a result of the outcome of these meetings. For example, how decisions were made about home visits and how the practice ensured that sufficient staff hours were provided in relation to covering long term absence of staff and for routine or emergency appointments.

The practice had a health and safety policy. Information was prominently displayed at the practice and included the details of the staff member responsible for health and safety. Risk assessments had been completed for the premises and these had been reviewed and updated to reflect any changes in identified risks within the practice. For example, fire and building/premise risk assessments.

Arrangements to deal with emergencies and major incidents

The practice had systems and procedures for responding to medical emergencies. Staff we spoke with had received training in basic life support and emergency resuscitation. Training records confirmed that all staff had received this level of training. Staff told us they were aware of the emergency procedures to follow.

We spoke with staff who told us about the procedure they would follow to alert other staff when they had an emergency situation in their consultation/treatment rooms.

The practice had an automated external defibrillator (AED), which was used to attempt to restart a person's heart in an emergency. Records confirmed that staff were trained in how to use it. There were systems to routinely check and record that it was fit for purpose. For example, the daily check of the AED detailed that it was functional and that the gel pads in use were within their expiry date. The practice had access to its own supply of medical oxygen, which was routinely checked and replaced, as required.

Emergency medicines were available in the practice. Staff told us these were checked regularly to ensure they were within their expiry date and records confirmed this. All

Inadequate

Are services safe?

emergency medicines that we looked at were within their expiry date. However, there was no procedure for checking and recording stock levels of emergency medicines held at the practice.

The practice had an emergency and business continuity plan. The plan included details of how patients would continue to be supported during periods of unexpected and/or prolonged disruption to services. For example, when extreme weather caused staff shortages and any interruptions to the facilities available.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The principal GP told us they received national guidance and professional guidelines. However, there was no evidence to show that the practice used national guidance and professional guidelines to promote best practice in the care it provided. Staff were not familiar with current best practice guidance, and did not always access guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Therefore patients did not always receive care according to national guidelines. Due to the lack of minutes available for staff to access after staff and clinical meetings, it was unclear how relevant guidelines and national strategies were discussed between the GPs and made available to staff. Therefore, there were no records to show the implications for the practice's performance and that patients were identified and required actions agreed.

We spoke with clinical staff who told us that patients' needs and potential risks were assessed at initial consultations with the clinicians. Individual clinical and treatment plans were agreed and recorded on the computerised system.

Comprehensive and detailed patient records were kept on the electronic system and patients who had been assessed as 'at risk'. For example, older patients had care plans that were routinely reviewed with the patient and their carer. Every patient over 75 years of age had a named GP who was responsible for overseeing their care and treatment and had received or were offered, an annual health check.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice kept registers that identified patients with specific conditions/diagnosis. For example, patients with dementia, learning disabilities, heart disease, diabetes and mental health conditions. The electronic records system contained indicators to alert clinical staff to specific patient needs and any follow-up actions required. For example, medicine and treatment reviews.

The practice had not carried out any clinical audits in the last year.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. Where the 2013 / 2014 QOF data for this practice showed it was not performing in line with national standards the practice had taken actions and made improvements. For example, the practice had made improvements to ensure that childhood immunisation rates which had previously been low for certain vaccines had been addressed and the results improved for 2014/15.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was an outlier for some QOF (or other national) clinical targets, It achieved 89% of the total QOF target in 2014, which was below the national average of 92%. Specific examples to demonstrate this included:

- Performance for those patients with a diagnosis of diabetes related indicators was lower than the national average. For example, data from 2014/15 showed the percentage of patients with hypertension in whom the last blood pressure reading (measured within the preceding 9 months) is 150/90mmhg or less - with 82.12% being attained for the practice compared to the CCG average of 83.74% and national average of 83.10%.
- The percentage of patients with a diagnosis of hypertension having regular blood pressure tests was similar to the national average. For example, data from 2014/15 showed the percentage of patients with hypertension in whom the last blood pressure reading (measured within the preceding 9 months) is 150/90mmhg or less - with 75.38% being attained for the practice compared to the CCG average of 85.71% and national average of 83.70%.
- Performance for those patients with a diagnosis of mental health related and hypertension QOF indicators were slightly lower than the national average. For example, data from 2014/15 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record (in the preceding 12

months) agreed between individuals, their family and/or carers as appropriate - with 73.91% being attained for the practice compared to the CCG average of 85.52% and national average of 85.96%.

- The diagnosis for those patients with a diagnosis of dementia was slightly lower than the national average. For example, data from 2014/15 showed the percentage of patients diagnosed with dementia whose care has been reviewed face to face within the last 12 months - with 77.78% being attained for the practice compared to the CCG average of 86.48% and national average of 83.82%.
- The percentage of women aged 25 or over (who have not attained the age of 65) whose notes record that a cervical screening test has been performed in the preceding 5 years % compared to the CCG average of 81.57% and national average of 81.86%.

The practice's prescribing rates were similar to national figures. Staff followed national guidance for repeat prescribing. They regularly checked patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as chronic obstructive pulmonary disease (a breathing problem) and that the latest prescribing guidance was being used.

Effective staffing

The practice has one male GP partner and one male salaried GP. There is one female practice nurse and one female health care assistant, who undertook blood tests, blood pressure tests, new patient checks and NHS health checks. The practice has a number of administration/ reception staff as well as a practice manager.

We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the doctors with both having an additional qualification in carrying out minor surgery. There were processes for managing staff performance and professional development. Staff knew who was responsible for managing and mentoring them. Records confirmed that all staff had completed basic life support (BLS), information governance, infection control, confidentiality as well as safeguarding children and adult training. The nurse and health care assistant had also completed specialist training in diabetes, asthma, family planning, travel vaccines, coronary heart disease, chronic obstructive pulmonary disease (a long-term respiratory disease) and updates in childhood immunisations. The GPs said they attended external meetings and events to help further enhance their continuing professional development.

Staff had received annual appraisals and informal supervision. All the staff we spoke with felt they received the support they required to enable them to perform their roles effectively. All GPs were up to date with their yearly continuing professional development requirements and all had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). An induction programme had been undertaken by members of staff who had recently joined the practice.

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Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out of hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GPs who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt this system worked well. There were no instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice had established processes for multi-disciplinary working with other health care professionals and partner agencies. Staff told us that multi-disciplinary and palliative care meetings were held in order for clinicians from the practice and all members of the multi-disciplinary team, who were involved in patients' care and treatments, to discuss patients with multi-disciplinary needs. However, minutes of such

meetings were not completed, therefore there were no records available to show how frequently these meetings were held, which patients were discussed and what changes to care and treatment had been agreed.

GPs and health care assistant attended quarterly meetings with the palliative care team to promote a united approach to patient care and treatments. Where family difficulties were identified, referrals were made to the health visitor, who provided specialist support for mothers, babies, children and young people.

There were systems to process urgent referrals to other care and treatment services and to ensure that test results were reviewed in a timely manner following receipt by the practice. Staff described the system they used to check test results and clinical information on a daily basis and how the information was shared promptly with clinical staff as a priority.

Information sharing

The practice had protocols for sharing information about patients with other service providers. Staff were knowledgeable about the protocols and patient information was shared with other service providers appropriately. For example, there was a system to monitor patients who accessed palliative care services that also helped to ensure their care plans were up to date.

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out of hours provider (Medway On Call Care – known as MedOCC) to enable patient data to be shared in a secure and timely manner.

GPs told us they discussed with individual patients and carers, which consultant to refer them to based on the patients' needs and individual preferences. Administrative staff said they used the 'choose and book' (a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic) method for referrals. They told us they referred patients locally, as this was what most patients preferred. Referrals to one of the London hospitals were made if requested by the patient or their carer.

The practice had systems to provide staff with information about patients that they needed. There was an electronic patient record system used by all staff to co-ordinate, document and manage patients' care. All staff were fully trained on the system and told us the system worked well. The system enabled scanned paper communications, for example, those from hospital, to be saved in the patients' record for future reference and in planning on-going care and treatment.

Consent to care and treatment

The practice had procedures for patients to consent to treatment and a form was used to gain the written consent of patients when undergoing specific treatments. For example, minor surgery. There was space on the form to indicate where a patient's carer or parent/guardian had signed on the patients behalf.

GPs told us how patients who lacked capacity to make decisions and give consent to treatment were monitored and assessed. They said mental capacity assessments were carried out by them (GPs) and recorded on individual patient records. The records indicated whether a carer or advocate was available to attend appointments with patients who required additional support. There were procedures that helped ensure patients who lacked capacity were appropriately assessed and referred where applicable.

GPs described the process for gaining consent from patients who were under 16 years of age and stated that they followed relevant guidance, demonstrating an understanding of the 'Gillick' competencies. (Guidance which helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). The practice displayed information in relation to an advocacy service in the patient waiting area, with contact details for patients and/or their carers who required independent support.

Staff were not aware of the Mental Capacity Act 2005, and could not confirm whether elements of the legislation were included in the training that they received. We spoke with GPs who demonstrated an awareness of the rights of patients who lacked capacity to make decisions and give consent to treatment.

Health promotion and prevention

Staff told us about the processes for informing patients that needed to come back to the practice for further care or treatment. For example, the computer system was set up to alert staff when patients needed to be called in for routine

Requires improvement

Are services effective?

(for example, treatment is effective)

health checks or screening programmes. Patients we spoke with and those who completed comment cards told us they were contacted by the practice to attend routine checks and follow-up appointments regarding test results.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us that these clinics enabled the practice to monitor the ongoing condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this practice told us that the practice had a recall system to alert them when they were due to re-attend these clinics. This supported patients to have the knowledge to live as healthy a lifestyle as their conditions permitted.

All new patients registering with the practice were offered a health check. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture amongst clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers. Practice data showed 1218 patients had been offered smoking cessation advice, 73 of which had gone on to cease smoking.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. Practice data showed that 182 of patients in this age group were invited to attend with 46 patients taking up the offer of the health check.

The practice's performance for the cervical screening programme was 80.43%, which was slightly below the national average of 81.46%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. A practice nurse had responsibility for following up patients who did not attend.

The practice had systems to identify patients who required additional support and were pro-active in offering additional help. For example, the practice also kept a register of patients with learning disabilities and dementia which it used to help promote and encourage annual health checks for these patients.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Child immunisation rates were either slightly below or in line with the national average at Dr Srinivasan Subash Chandra's practice. For example, between 89.1% and 94.8% of children at the age of 12 months had received the recommended vaccines, compared to the CCG average of between 92.8% – 94.8%.

QOF data showed that above the average number of patients aged 6 months to 65 years in the defined influenza clinical risk groups, had received a seasonal influenza vaccination. For example, 52.52% patients had received the vaccine, compared to the national average of between 52.29%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients we spoke with and those who completed comment cards told us they felt the staff at the practice were extremely polite and helpful. Comments from patients were positive in relation to staff as well as the care and treatment that they received. However, data from the national patient survey showed patients were not always satisfied with how they were treated and the practice was rated as slightly below average for patients being treated with compassion, dignity and respect.

13 patients told us, either verbally or in comment cards, that staff always considered their privacy and dignity. The GPs demonstrated how they ensured patients privacy and dignity both during consultations and treatments. For example, curtains were used in treatment areas to provide privacy and doors to treatment/consultation rooms were closed during patient consultations and treatments.

There were systems to help ensure patients' privacy and dignity were protected at all times. The practice had a confidentiality policy which detailed how staff should protect patients' confidentiality. Staff we spoke with were aware of their responsibilities in maintaining patient confidentiality. If patients wished to speak to reception staff in confidence, a private room was available for them to use. Although the reception area was open plan the reception telephones were placed in a way that conversations on the telephone could not be heard by patients waiting for an appointment. We spoke with patients and were told that they felt their consultations were always conducted appropriately.

The practice had a chaperone policy that set out the arrangements for patients who wished to have a member of staff present during intimate clinical examinations or treatment. (A chaperone is a person who serves as a witness for both the patient and the medical practitioner as a safeguard for both parties during a medical examination or procedure). Records showed that staff had received up-to-date chaperone training.

We reviewed the most recent data from the national patient survey and saw that the practice was rated as the below the national average for patient satisfaction.

The evidence from this source showed patients were not always satisfied with how they were treated and were slightly below average for being treated with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated below average for patients who rated the practice as good or very good. The practice was also slightly below average and better than the national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 64.11% said the GP was good at listening to them compared to the national average of 81.84%.
- 42.59% said that they always or almost always see or speak to the GP they prefer compared to the national average of 37.74%.

Results of Friends and Family Test surveys were reviewed by the practice and showed that between January and March 2015, 56 surveys had been completed. The responses to questions were positive and showed that of the 56 respondents, 27 patients were highly likely to, 16 respondents were likely to and three respondents were unlikely to recommend the GP practice to others.

Patients with children who completed comments cards told us the practice staff treated their children with the same respect as they would when speaking with adults. They commented that the staff spoke with their child in a respectful manner and ensured they understood the care and treatment they were offered. Parents told us that staff always checked with them to make sure they had understood as well, and were agreeable to the treatment for their child.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and comment cards we received indicated they felt listened to and involved in the decision making process in relation to their care and treatment. GPs and nursing staff took the time to listen to them, and explained all treatment options available to them. They said they felt able to ask questions if they had any. Patients were able to see the doctor of their choice. Patients were involved in decision making and had the time and information to make informed decisions.

Good

Are services caring?

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 75.47% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 68.8% and national average of 85.11%.
- 64.11% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 68.1% and the national average of 81.84%.

The practice had individual care plans for patients with a long term conditions, such as dementia and cardiac conditions. Records showed there was a care plan for such patients and that these had been agreed between the patient and their family / carer. The practice maintained a register of all patients who had a care plan. The register included details of ongoing care and treatment as well as changes made to the plan as a result of a change in the patient's condition or medicines having been amended.

Staff told us that translation services were available for patients who did not have English as a first language. There were notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

Staff were supportive in their manner and approach towards patients. Patients told us they were given the time they needed to discuss their treatment as well as the options available to them and they felt listened to by the GPs and other staff within the practice.

Patient information leaflets, posters and notices were displayed that provided contact details for specialist groups that offered emotional and confidential support to patients and carers. For example, counselling services and a bereavement support group.

The patient survey information we reviewed showed patients were below expected in relation to the emotional support provided by the practice. For example:

- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and national average of 85.31%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients over the age of 75 years as well as patients with long-term conditions, patients whose circumstances may make them vulnerable and patients experiencing poor mental health had been allocated a dedicated GP to oversee their care and treatment requirements. Staff told us that patients over the age of 75 years were informed of this by letter.

The GPs told us patients' needs and potential risks were assessed during initial consultations. They said individual clinical and treatment plans were agreed and recorded on the computerised system. Individual clinical and treatment plans were discussed between clinical staff and other health care professionals involved in patients' care and treatment and discussions were clearly recorded onto the patients' consultation records. This helped to ensure that patients received care and treatment from health care professional that were aware of their individual clinical and care plans.

GPs told us they tended to refer patients locally, as this was what most patients preferred. However, referrals to one of the London hospitals were made if it was appropriate and/or requested by the patient or their carer.

The practice had established links with the local area commissioners. Meetings took place on a regular basis to assess, review and plan how the service could continue to meet the needs of patients and any potential demands in the future.

The practice had recently tried to establish a patient participation group (PPG). However, the meeting was poorly attended and the GP and practice manager were reviewing how to increase awareness of the PPG and increase the number of members.

Staff told us there were a wide range of services and clinics available to support and meet the needs of the varied patient groups. They said they referred patients to community specialists or clinics, if appropriate. For example, referring older patients, or their carers, to groups who specialised in supporting patients and carers with chronic illnesses. Additionally, mothers with babies or young children were referred to the health visitor. The practice had a contract with another provider to deliver out of hours care.

The practice worked closely with community nursing teams and the integrated care team to support patients with long-term conditions and those with complex needs who received care and treatment from a range of services. Patients told us they were referred promptly to other services for treatment and test results were available quickly. Staff told us that the needs of different patients were always considered in planning how services would be provided. For example, arranging home visits for housebound patients.

There were meetings held between the GPs and the practice manager to discuss and recognise future demands that may be placed on the practice. For example, using information and intelligence to plan for the needs of an increasing older patient population and those with long-term conditions, and the prevalence of certain conditions such as heart disease and dementia. Increased needs for service provision had been considered and planned for.

Tackling inequity and promoting equality

The practice premises were accessible for patients with disabilities and appropriate parking spaces close to the entrance door were provided. There was a toilet available for people with disabilities as well as baby changing facilities. The reception desk was at a low level to accommodate patients using wheelchairs. In order to address this staff said they came out of the reception area, spoke with patients in wheelchairs face to face and offered a private room to have discussions in.

Interpretation services were available by arrangement for patients who did not speak English and there were services available for deaf patients to be supported during consultations if required. The practice had a hearing loop.

The practice maintained registers of patients with learning disabilities, dementia and those on the mental health register that assisted staff to identify them to help ensure their access to relevant services. All patients on the register with learning disabilities had received a physical health check within the last 12 months.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us that they did not have any patients who were homeless but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available when patients with learning disabilities received their annual review.

Access to the service

Patients were able to book an appointment by telephone, online or in person. Appointments were available Monday, Wednesday, Thursday and Friday 8.30am – 6.00pm and Tuesday 8.30am – 8.00pm. Patients we spoke with and the majority of those who had completed comment cards told us the telephone appointment booking system (for contacting the practice for an appointment on the same day) worked very well. The practice also offered pre-bookable appointments in advance. Staff said the extended opening hours were particularly useful for patients who commuted to work.

Patients told us they did not experience problems when they required urgent or medical emergency appointments. They told us that once they made contact with the practice, staff dealt with these issues promptly and knew how to prioritise appointments for them. The reception staff we spoke with had a clear understanding of the triage system. This was a system used to prioritise how urgently patients required treatment, or whether the GP would be able to support patients in other ways, such as a telephone consultation or home visit. Patients found that access to urgent or emergency appointments met their needs and expectations.

There was a system for patients to obtain repeat prescriptions. Patients told us they had not experienced any difficulty in getting their repeat prescriptions. Staff said the practice aimed to have repeat prescriptions ready within 48 hours of them being given in by the patient so that they received their prescriptions in a timely manner.

There were arrangements to ensure patients could access urgent or emergency treatment when the practice was closed. Information about the out of hours service was clearly displayed in the waiting room, was included within the patient information booklet and there was a telephone message which informed patients what to do if they telephoned the practice when it was closed. Patients told us they knew how to obtain urgent treatment when the practice was closed.

The patient survey information we reviewed showed patients responded positively to questions about access to appointments. For example:

- 77.51% were fairly satisfied with the practice's opening hours compared to the CCG average of 68.1% and the national average of 79.83%.
- 68% described their experience of making an appointment as good compared to the CCG average of 68.1% and national average of 74.6%.
- 81.29% said they could get through easily to the surgery by phone compared to the CCG average of 69.2% and the national average of 75.4%.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated responsible person who handled all complaints in the practice. A copy of the complaints procedures was included in the patient information leaflet and a poster was noted in the waiting area.

The practice manager and GPs told us that quarterly practice meeting minutes included discussions of complaints received. However, whilst GPs and the practice manager told us they discussed complaints, minutes from these meetings were not completed. Patients we spoke with told us they had never had cause to complain but knew there was information in the waiting room about how and who to complain to, should they need to. The complaints procedure was included in the practice information booklet for patients

There were records relating to complaints which had been made to the practice. Records for the complaints received by the practice since May 2014 were unclear and did not show what the complaints related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant. Also, as there were no minutes of practice meetings held, it

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

was difficult to establish how particular issues, that required change as a result of complaints received, were shared with staff to help ensure they learnt from the complaints made.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. The practice did not hold regular governance meetings and issues discussed at meetings were not recorded and cascaded to the staff team. The practice had not proactively sought feedback from staff and did not have a patient participation group (PPG). Staff told us they had not received regular performance reviews and did not have their objectives reviewed in between annual appraisals.

Governance arrangements

There were some formal governance arrangements at the practice and these included the delegation of responsibilities to named GPs. For example, a lead GP for safeguarding. The lead roles provided structure for staff in knowing who to approach for support and clinical guidance when required. Staff we spoke with were clear about their roles and responsibilities within the practice. However, staff supervision was informal and there were no written records to show that staff were met in a formal manner to discuss performance, quality and risks.

The practice did not have an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Whilst the GPs and the practice manager told us they discussed clinical issues on a weekly basis, minutes from these meetings were not completed. Therefore evidence of discussions, actions taken to address issues and lessons learnt from any clinical issues, as well as incident/event were not recorded and formally cascaded to the staff team.

There were some records demonstrating that medicine audits had been carried out following the receipt of national guidelines and standards provided to the practice by NHS commissioners and other stakeholders. For example, we saw that patients had been reviewed and a change had been made to the prescribing regime for the safe prescribing of a medicine to treat heart failure. However, such audits were not routinely conducted, as a recent alert regarding an anti-sickness medicine had been received by the practice but no actions had been taken to review patients on the form of medicine highlighted in the alert.

We were told that management meetings were held on a regular basis to consider quality, safety and performance within the practice. This included monitoring of complaints and information from the practice Quality and Outcomes Framework (QOF). However, minutes of these meetings were not maintained.

The practice had completed risk assessments in relation to the premises, such as fire risk assessments, health and safety and security of the building (external and internal). Risk assessments were current and had been reviewed and updated on either a yearly basis or sooner if changes were required. The practice did not have formal systems to underpin how significant events, incidents and concerns should be monitored, reported and recorded. Information about safety was not used to promote learning and improvement. There were no formal arrangements for monitoring safety, using information from audits, risk assessments and routine checks, as these had not formally been carried out.

Leadership, openness and transparency

Staff told us about the way in which the practice leadership was conducted. However, there were no formal protocols to underpin what we had been told by staff.

During a presentation given by the principal GP we were told the practice team worked very well together because of the non-hierarchical structure. All of the staff we spoke with confirmed that the practice team worked as one. The practice had good working relationships with neighbouring practices and often provided them with support and representation, which was well received.

The deputy practice manager was responsible for human resource policies and procedures. We reviewed a number of the practice's policies. For example, the disciplinary procedures, induction policy, as well as equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. They said they felt there was an 'open door' culture and that the GPs and practice manager were approachable. They told us they felt appropriately supported and were able to approach senior staff about any concerns they had. Staff told us that whilst there was strong leadership, the atmosphere at the practice was relaxed, open and inclusive. Staff told us they were very happy working at the practice and felt listened to and valued.

Are services well-led?

Inadequate

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

Practice seeks and acts on feedback from its patients, the public and staff

Staff told us they were encouraged to voice their ideas and opinions about how the practice operated and services were provided. All staff said they felt their views and opinions were valued and that there was good communication and team work within the practice. All staff told us they felt part of the team and there was no sense of hierarchy at the practice. There was no formal or practice specific system to gain feedback from staff. For example: an annual staff survey, through staff meetings and discussions during formal supervision sessions.

The practice had a whistleblowing policy and staff told us they were aware of the procedure to follow if they wished to raise concerns outside of the practice.

Patient engagement was managed through the Friends and Family Test and GP surveys. Patients we spoke with and those who completed comment cards told us they were happy to speak with staff at the practice if they needed to, in relation to positive or negative feedback about the practice or services received.

Management lead through learning and improvement

The practice did not have formal systems to underpin how significant events, incidents and concerns should be monitored, reported and recorded. Information about safety was not used to promote learning and improvement. There were no formal arrangements for monitoring safety, using information from audits, risk assessments and routine checks, as these had not formally been carried out.

We observed that two significant event reports had been recorded for the last twelve months. One related to staff being locked out of the building. The event had been recorded and investigated and actions were taken to address the issues appropriately. There were no records available to show that any significant clinical events had occurred or been reported in the 12 month timeframe.

Records for the complaints received by the practice were unclear and did not show what the complaint related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant.

Learning and improvement from safety incidents

Records showed that GPs and nursing staff were supported to access on-going learning to improve their skills and competencies. For example, attending specialist training for diabetes, childhood immunisation and asthma, as well as opportunities to attend external forums and events to help ensure their continued professional development.

Staff files and training records demonstrated that administrative and clerical staff were also supported to improve their skills and knowledge. For example, attending specific courses in relation to coding letters according to patients' conditions and information governance. Formal appraisals were undertaken for all staff, to monitor and review performance, personal objectives and to identify any future training requirements on an annual basis. However, formal supervision sessions were not held, in order to ensure staff could meet with the management team to discuss their progression throughout the year.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered provider did not have a formal system to routinely check the medicines held within GPs home visit bags. As a result, we found that one GP had a medicine in their bag which was 12 days past its expiry date. The process for checking and recording stock levels of emergency medicines required improving. Stock levels were not being recorded and therefore there was a risk of emergency medicines being used without the practices knowledge. Regulation 12 (2) (g)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** Records for the complaints received by the practice were unclear and did not show what the complaint related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant. There were no minutes of practice meetings held and it was difficult to establish how particular issues, that required change as a result of complaints received, were shared with staff to help ensure they learnt from the complaints made. Regulation 16 (1) (2)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered provider did not have an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken.

There were no audits carried out in relation to safety alerts which would provide a clear audit trail of actions taken by the GPs to help ensure patients' safety. National data collected from incidents/events and alerts was also not monitored, assessed and/or used to improve patient safety within the practice.

Minutes of meetings were not completed. Evidence of how frequently meetings were held, discussions, actions taken to address issues and lessons learnt from any clinical issues, as well as incident/event were not recorded and formally cascaded to the staff team. The impact or improvements made to the service patients received as a result of the outcome of these meetings was also not recorded.

The registered provider did not have a formal or practice specific system to gain feedback from staff, patients' and/or their carers'.

A recent alert regarding an anti-sickness medicine had been received by the practice but no actions had been taken to review patients on the form of medicine highlighted in the alert. Medicine audits were not routinely conducted, in order to review patients who may be at risk of taking medicines that are highlighted in medicine safety alerts.

The registered provider did not have a policy for reporting and recording significant events/incidents in order to give staff a common understanding of what needed to be reported and the formal procedures to follow.

The practice did not have formal systems to underpin how significant events, incidents and concerns should be monitored, reported and recorded. Information about safety was not used to promote learning and

Requirement notices

improvement. There were no formal arrangements for monitoring safety, using information from audits, risk assessments and routine checks, as these had not formally been carried out.

There was no evidence to show that the practice used national guidance and professional guidelines to promote best practice in the care it provided. Therefore patients did not always receive care according to national guidelines.

The infection control policy required reviewing and updating in order to identify a member of staff as the infection control lead.

Regulation 17 (1) (2) (a) (b) (d)

A patient participation group was not in place, therefore there was a lack of process for gaining patient feedback on how services could be improved.

Regulation 17 (2) (e)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Staff supervision was held informally and there were no written records to show that staff were met in a formal manner to discuss performance, quality and risks. Regulation 18 (2) (a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** Relevant Disclosure and Barring Service (DBS) checks had not been carried out and risk assessments had not been completed for administrative staff who act as chaperones. Regulation 19 (3) (a)