Dr Jayesh Bhatt

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Jayesh Bhatt on 9 June 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events however learning was not always clear and patients did not always receive information about the incident.
- Risks to patients were not always assessed and well managed. For example the practice had not addressed the action points identified in their infection control audit, testing of non-clinical electrical equipment had not been completed for a number of years and one of the oxygen masks had expired. In addition the practice were not undertaking adequate recruitment checks prior to employment including DBS checks and obtaining references for all new staff. The practice's supply of emergency medicines was not in line with guidelines and the absence of certain medications had not been risk assessed.
- There were significant gaps in mandatory staff training including safeguarding, information governance, infection control and fire safety. Additionally basic life support training had not been completed by any staff member within the last 12 months. Evidence was provided after our inspection that this had been completed or was scheduled.
- There was no evidence of care planning for those with long term conditions or who were at the end of their lives. However we saw evidence that care was being delivered in line with current evidence based guidance. Staff had received clinical training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were

Summary of findings

made to the quality of care as a result of complaints and concerns. However responses to complaints were not entirely in line with current legislation and guidance.
- The majority of patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- With the exception of infection control issues and emergency equipment the practice had good facilities and was well equipped to treat patients and meet their needs.
- Though in a number of respects lines of responsibility were clear there was a lack of leadership or effective management in a number of areas; particularly infection control and training and recruitment. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider **must** make improvement are:

- Ensure that there is appropriate learning from significant events and that patients are always provided with a written apology and explanation of action taken to address the issues arising from significant events.
- Put systems and processes in place to ensure that mandatory training is completed at appropriate intervals.
- Take action to address and monitor all infection control risks.
- Put robust arrangements in place to ensure that the practice are able to respond effectively to medical emergencies including a risk assessment of required emergency medicines.

The areas where the provider **should** make improvement are:

- Consider installing a hearing loop in the reception area.
- Ensure that all clinical staff are aware of and acting in accordance with the mental capacity act 2005.
- Undertake regular reviews of the practice's business plan.
- Assess the risks associated with non-medical electrical equipment and take appropriate follow up action to ensure those risks are mitigated.
- Continue to review staffing resources and ensure that sufficient numbers of staff are employed.
- Ensure that all appropriate pre-employment checks completed prior to new staff commencing employment and that all staff have a completed schedule of induction.
- Employ strategies to promote and increase breast screening and the number of reviews of patients with Chronic Obstructive Pulmonary Disease (COPD).
- Ensure that staff are completing care plans for all patients where appropriate and that appropriate action is taken in response to correspondence from other organisations.
- Consider advertising translation services in the practice waiting area.

Ensure complaints policy and responses comply with current legislation and that systems are in place to ensure compliance with the duty of candour.

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?

Requires improvement

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

- The system in place for reporting and recording significant events was inconsistently applied and it was not always evident what learning had taken place to prevent similar events occurring in the future.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse however there was no evidence of training for two clinical staff on the day of the inspection.
- Risks to patients were not always assessed or well managed. For example in respect of management of infection control risks, ensuring appropriate recruitment and monitoring checks were completed for staff prior to employment, ensuring that non-medical electrical equipment was safe to use and ensuring that there was an appropriate supply of emergency medicines on the premises.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were at or above average compared to the national average. However, the practice was an outlier for two indicators related to the management of COPD and the proportion of women who had breast screening. The practice did not have clear strategies in place to improve performance in these areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. However, many staff had not completed the required mandatory training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs though there was no evidence of care planning for those patients with complex conditions or who were nearing the end of their life.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- With the exception of translation services; 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?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The majority of patients spoken to on the inspection said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- With the exception of the infection control issues identified and the concerns around emergency equipment, 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. However we saw an example where complaint responses did not contain an apology which would have been appropriate in the circumstances.

Are services well-led?

Requires improvement

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

- The practice had a vision and strategy which aimed to deliver high quality care and promote good outcomes for patients however their formal business strategy was completed in 2014 and had not been reviewed subsequently. However staff were clear about the challenges the practice faced.

Summary of findings

- There were areas which did not have clear leadership or where leadership needed improvement; particularly in respect of infection control and training and recruitment .The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework but lack of leadership in certain areas limited its effectiveness and exposed patients to risk. For example risks associated with infection control were assessed but there was no evidence that mitigating action had been taken to address the concerns identified. Learning from significant events was lacking. There had been a lack of appropriate recruitment checks for some staff and non-clinical electrical equipment was not regularly checked to ensure it was safe to use.
- We saw evidence that the practice had taken action to improve the quality of clinical care.
- The provider was aware of the requirements of the duty of candour however we found examples where complaint responses and management of significant events did not comply with this duty. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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

Requires improvement

The provider was rated as requires improvement for safety and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 provided in house phlebotomy which was particularly beneficial for older patients who would otherwise need to access this via secondary care providers.
- The practice provided care to 25 patients within a local residential care home. Staff at the home described the practice as responsive and highly effective.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice performance in the management of diabetes was comparable to local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care however this was not documented in a structured care plan.
- The practice held virtual clinics with consultants from the local hospital; undertaking reviews of patients with Chronic Obstructive Pulmonary Disease (COPD), Asthma and heart failure.

Summary of findings

- The practice employed strategies aimed to prevent development of chronic diseases. For example we were told that 97% of patients aged over 45 had their blood pressure recorded within the last 12 months and the smoking status of 80% of patients had been recorded.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was comparable to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including 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; however at the time of the inspection some staff had not attended safeguarding training.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safety and for leadership. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

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  The practice's performance in respect of the management of mental health patients was comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia; this was confirmed by staff at the residential care home that the practice provided services to.
- 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.

Summary of findings

- The practice hosted a counsellor at the surgery twice a week.

Summary of findings

What people who use the service say

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

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31comment cards of which 22 were exclusively positive about the standard of care received. Patients said that staff were polite, helpful and fully listened to their concerns. Five of the cards provided mixed feedback and four were wholly negative. A common theme of the negative comments related to the practice's appointment system and difficulties getting an appointment.

We spoke with 18 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Jayesh Bhatt

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included two GP specialist advisers and an Expert by Experience.

Background to Dr Jayesh Bhatt

Dr Jayesh Bhatt is part of Southwark CCG and serves approximately 5312 patients. The practice is registered with the CQC for the following regulated activities: Family Planning; Treatment of Disease, Disorder or Injury; Maternity and Midwifery Services; Diagnostic and Screening Procedures.

The demographics of the practice population is broadly comparable to national averages. The practice is ranked in the second most deprived decile on the Index of Multiple Deprivation and the levels of deprivation affecting children and older people is approximately twice the national average.

The practice is run by one female and one male partner. There is one salaried female GP, a female practice nurse and a female healthcare assistant.

The practice is open between from 8.00 am every week day except Thursday when the practice opened at 7.00 am. The practice closed at 6.30 pm every week day except Monday when it remains open until 7.30 pm. The GPs within the practice collectively work 84 hours per week with booked and emergency appointments five days per week.

The practice could also refer patients to a local walk in centre which was open from 7.30am until 10.00pm Monday to Friday and 8.00am until 8.00pm Weekends and Bank Holidays.

Dr Jayesh Bhatt operates from Park Medical Centre, London, Southwark SE16 2PE which are purpose built premises located on ground level. The service is accessible for those with mobility problems.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Improving Patient Online Access, Influenza and Pneumococcal Immunisations, Learning Disabilities, Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice is part of GP federation Quay Health Solutions.

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.

Detailed findings

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 9 June 2016. During our visit we:

- Spoke with a range of staff (GPs, a nurse, a healthcare assistant and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, it was not always evident that patients received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again when things went wrong. For example one event involved a patient given a prescription in error. There was no evidence that this patient was subsequently written to with an explanation of what went wrong and what the practice had done to prevent reoccurrence.
- Analysis of significant events was inconsistent in that it was not always clear what action had been taken to improve processes or prevent reoccurrences. For example one significant event related to problems with the practice's IT system. There was no evidence of learning as to what to do if this incident occurred in the future. Another significant event concerned a patient who was injured while in the practice. Although there was analysis of the event and learning there was no consideration or evaluation of any potential health and safety issues which may have contributed to the event's occurrence.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw some examples where lessons were shared and action was taken to improve safety in the practice. For example, one significant event concerned urine samples that were not sent to the laboratory for analysis as the nurse's room had been locked and staff were unable to gain access. This was raised by the practice's health care assistant. The samples were sent to the laboratory and staff were reminded of the importance of ensuring that samples were collected daily and that the nurse's room was accessible to enable this to happen.

Overview of safety systems and processes

The practice did not have adequate systems, processes and practices in place to ensure that patients were kept safe and safeguarded from abuse. For example:

- 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities however there was no evidence on the day of inspection that certain members of staff had received the appropriate level of child safeguarding training including one of the GPs, a member of the nursing staff and a healthcare assistant. We have been provided with evidence that this has now been completed to the appropriate level.
- A notice in the waiting room advised patients that chaperones were available if required. A member of the nursing team and one of the GPs had not received a Disclosure and Barring Service (DBS) check at the time of our inspection (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). We have since received confirmation that the GP has now had a DBS check and that the check for the nursing staff is in progress.
- Appropriate standards of cleanliness and hygiene were not maintained in all areas of the practice. For example one of the lamps fixed to a wall next to a consulting couch in one of the consulting rooms was dusty and walls were dirty in some treatment and consulting areas. We found water leaking in the patient toilet and both the walls and the light cord were dirty. It was also unclear who took responsibility for infection control within the practice. The majority of staff we spoke to indicated that a member of the reception team acted as

lead though we were told that the practice nurse also had some responsibility. There was an infection control protocol in place but only some staff had received up to date training. We saw evidence that an infection control audit had been completed in February 2016. However some of the concerns raised in the audit had not been addressed by the practice at the time of our inspection. For example, the practice did not have cleaning schedules which specified the frequency of cleaning of specific areas within the practice and suggested action to improve hygiene in the cleaner's cupboard had not been taken. The arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice Health Care Assistant was trained to administer flu vaccines but we were told that they had yet to undertake this duty.

- We reviewed four personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, there was no evidence of references having been gathered for a GP who was employed in 2013 and appropriate checks through the Disclosure and Barring Service had not been completed for this member of staff at the time of the inspection though we received confirmation that this staff member had been DBS checked after the inspection and we received references which were requested after our visit.

Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- Procedures in place for monitoring and managing risks were not sufficiently robust to ensure patient and staff safety. There was a health and safety policy available in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out annual fire drills. Clinical equipment was checked to ensure it was working properly however portable appliance testing had not been undertaken for non-clinical equipment since 2010 and there was no risk analysis in place to assess the frequency of testing required to ensure safety. We were provided evidence after our inspection that portable appliance testing had been completed on 13 June 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had not complied with all the recommendations set out in their legionella risk assessment. For example the practice lead for legionella had not completed any training on the subject and there was no evidence that water was being run weekly from infrequently used outlets and tested on a monthly basis.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. However a number of staff told us that they would prefer an additional member of staff to improve the time taken to scan correspondence onto the system. However all the correspondence waiting to be scanned that we looked at had been reviewed at by a clinician.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. However this had expired in May 2016. The practice provided confirmation that training had been scheduled for July 2016. There were emergency medicines

available in the treatment room though the practice did not have a supply of diclofenac (used to treat mild or moderate pain) or hydrocortisone for injection (used to treat severe asthma or anaphylaxis).

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks though we were told that the integrity of the practice's oxygen canister was not checked on a regular basis. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and stored securely.
- One staff member we spoke to on the day of the inspection was uncertain of the location of the practices emergency equipment.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

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 90% of the total number of points available. The practice's exception reporting rate was 4.6% (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).

The practice was an outlier in respect of the percentage of patients with Chronic Obstructive Pulmonary Disease COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months which was 78% compared with 90% nationally. However, the practice's exemption reporting for this indicator was 2% compared with 11% nationally. We were told that the practice had a high number of patients with COPD on their register due to a high number of smokers and factory workers on their list.

Females, 50-70, screened for breast cancer in last 36 months 55% compared with a CCG average of 61% and 72% nationally. The practice told us that they were unaware that this figure was low.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average with 90% of these patients having received an influenza immunisation compared with 94% nationally and 80% of patients had cholesterol readings of 5 mmol/l or less which was the same as the national average.
- Performance for mental health related indicators was similar to the national average. For instance those patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in their records within the last 12 months was 71% compared to 88% nationally with an exception reporting rate of 5% compared with 13% nationally. The percentage of patient with dementia who had a face to face review within the preceding 12 months was 74% compared with 84% nationally.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. For example the practice had undertaken an audit of patients who had abnormal creatine levels; indicative of possible Chronic Kidney Disease (CKD). From reviewing these patients it was found that 201 patients had high creatine levels. After putting strategies in place to investigate the reason for higher creatine levels and reduce these levels, the number of patients reduced to 155. Of these 155 patients 18 were found to have CKD and were being managed appropriately and 115 whose creatine levels were close to abnormal were to be regularly monitored in order to ensure that these patients were diagnosed and appropriately treated if their levels escalated. The practice had also undertaken an audit of patients prescribed pregabalin (medication used in the management of neuropathic pain) aiming to reduce prescribing and encourage the use of alternative less risky medication. The second cycle of this audit demonstrated that there had been a reduction in the number of patients prescribed pregabalin.
- The practice participated in local audits.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment however the practice's induction process was not clear and there were significant gaps in mandatory training.

- We only saw evidence that the latest recruit to the practice had a documented induction programme; though this had not been completed. Although we were told that all staff were inducted after appointment by shadowing other members of staff and were provided with an overview of health and safety information, the induction did not feature mandatory training. We also found several members of staff had not completed safeguarding, infection prevention and control and fire safety training at the time of the inspection though some staff have now completed this training and other training has been booked.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attending the locality practice nurse forum.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had not undertaken all required mandatory training though we observed that clinical staff had completed appropriate clinical training to cover the scope of their work. There was evidence of 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.
- A large proportion of staff had gaps in safeguarding, fire safety awareness and infection control. Additionally basic life support training had expired in May 2016. The practice has provided evidence since the inspection that training has been completed and that basic life support training and infection control training has been scheduled.

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 medical records and investigation and test results. However there was no evidence that staff were completing care plans for patients with long term conditions or those patients at the end of their lives.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- On the day of the inspection staff told us that there was a backlog of documentation that had arrived from other services which had not been scanned onto the system. We reviewed all of this information and found that only two of these letters required action to be taken by clinicians. We found that both of these letters had been reviewed and that one of them had been actioned appropriately. However the other letter reviewed, dated 8 December 2015, indicated that a change to the patient's medication was required but this change had not been made.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and deliver ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with district nurses and community matrons on a weekly basis. Meetings were held monthly within the community for older frail patients and quarterly with the local palliative care team. We found that appropriate action was taken for complex patients on the basis of these meetings.

Consent to care and treatment

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

- None of the clinical staff had completed Mental Capacity Act 2005 training and staff we spoke with were not fully aware of the requirements of this act or when to use it. Staff told us that they never needed to use this in practice.

Good

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those with mental health concerns. Patients were signposted to the relevant service.
- The practice offered in house smoking cessation advice and could refer those who required additional support to a local group. The practice would refer patients to a dietician where appropriate.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to send letters for patients who did not attend for their cervical screening test and to offer screening opportunistically when patients attended the surgery. The practice demonstrated how they could use information in different languages to encourage uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86 % to 97% and five year olds from 80 % to 99%.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Twenty two of the 31 Care Quality Commission comment cards we received were entirely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The five cards that contained mixed feedback also aligned with these views. There were four comment cards that contained negative feedback. Most of the negative comments made related to the practice's appointment system.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. However there were no notices in the reception area that advertised the availability of this service.

Good

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice directed patients to a local carers group and offered carers a flu vaccine.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card with a letter directing them to the local bereavement service. This was followed by a patient consultation at a flexible time and location to meet the family's needs where appropriate or requested.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice participated in the Holistic Health assessment scheme; providing comprehensive assessments for older housebound patients which targeted their health and social care needs through engagement with a multitude of agencies in the local area including those within the voluntary sector.

- The practice offered extended hours access on Monday evenings between 6.30 pm and 7.30 pm and Thursday mornings between 7.00 am and 8.00 am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The practice did not have a hearing loop but told us that they only had two patients who had hearing difficulties and that they communicated with these patients in writing. The practice provided us with evidence that they have ordered a hearing loop after the inspection.

Access to the service

The practice was open from 8.00 am every week day except Thursday when the practice opened at 7.00 am. The practice closed at 6.30 pm every week day except Monday when it remained open until 7.30 pm. Appointments were available during this time. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a systems in place to assess:

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

All patients who called in for a same day appointment were triaged by a GP who would assess the seriousness of the patient's condition and whether a face to face consultation or home visit was necessary. 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the waiting area.

We looked at 11 complaints received in the last 12 months and found that the majority of complaints were handled satisfactorily with patients receiving an apology where appropriate and responses being given in a timely fashion. However, there was one instance where an apology was not offered where it should have been and another instance where the explanation of what had caused the complaint was possibly insufficient to ensure that the

Good

Are services responsive to people's needs?

(for example, to feedback?)

patient understood the reason the practice pursued its chosen course of action. None of the responses reviewed detailed other agencies that patients could escalate their concerns to if they were unhappy with the practice's response. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice advised us that they had received complaints about the appointment system and implemented the system described above as a result.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision which aimed to deliver high quality care and promote good outcomes for patients. However this was undermined by lack of leadership in certain areas and failure to appropriately manage risks associated with infection control and staffing and recruitment.

- The practice had a statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and a documented business plan which reflected the vision and values. The plan was dated 2014 and there was no evidence that this had been subsequently reviewed. The practice were clearly able to outline the challenges they faced but it was not entirely clear what actions they intended to take to address these concerns. Subsequent to our inspection the practice provided us with a completed business plan with aims and objectives for the coming year including obtaining a grant for improvement work and increasing staffing.

Governance arrangements

The practice had a number of policies and procedures which aimed to support the delivery of the strategy and quality care, yet poor management of risks associated with infection control and ineffective procedures around recruitment and training limited the effectiveness of the practice's governance arrangement:

- Staff responsibilities were not always clear and there were some arears which required improved leadership; for example infection control and training and recruitment.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- The incident relating to the patient whose medication was no changed in accordance with their hospital discharge letter suggested that processes in place for monitoring correspondence from secondary care were not completely effective.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not sufficient robust to ensure that patents were always kept safe from harm. For example action was not taken to mitigate risks associated with infection control and there were deficiencies in the processes around recruitment and training. In addition there was limited evidence of learning from significant events.

Leadership and culture

Staff told us the partners were approachable and took the time to listen to all members of staff.

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). Although the partners encouraged a culture of openness and honesty we saw evidence that the apologies and information about what went wrong were not always provided. However:

- With the exception of one complaint and one significant event we saw evidence that the practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Staff told us they felt supported by management.

- Staff told us the practice held regular team meetings.
- 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. The practice told us that they held team building and social events and all staff ate lunch together on Fridays.
- Staff said they felt respected, valued and supported, by the partners and managers within the practice. Staff were involved in discussions about how to run and develop the practice, and the partners enabled all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested making improvements to the surgery environment. Members of the PPG were given access to the whole of the surgery and suggested several areas for improvement. These were actioned by the practice and staff received feedback that there had been an improvement. The practice also changed the appointment system on the basis of PPG feedback so that those requesting same day appointments over the phone would have equal chance of accessing an appointment as those who attended the surgery in person.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example the practice's data administrator suggested that the entry of information from new patient health check forms should be undertaken, in as far as possible, by reception or administrative staff in order to save on clinical time. This suggestion was implemented which benefited clinical staff. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice did not effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity in that: • Staff had not received appropriate mandatory training. • Significant events were not adequately analysed to ensure that events were learned from and mitigating action was taken. • Action had not been taken to mitigate against infection control risks. • Processes to ensure that practice staff were able to deal with emergencies were not sufficiently robust. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.