

# East Park Medical Centre - R P Pandya

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to East Park Medical Centre - R P Pandya	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at East Park Medical Centre on 24 May 2016. Overall the practice is rated as good.

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

- There was an effective system in place to report and record significant events. They were investigated, discussed at staff meetings and lessons were shared to improve safety in the practice.
- Not all appropriate recruitment checks were carried out on locum GPs and there was no policy in place to ensure appropriate checks were gathered before employment of locum staff.
- There were procedures in place for monitoring and managing risks to patient and staff safety. However, some risk assessments had not been reviewed and not all actions identified as a result of a risk assessment had been carried out.

- The practice was tidy and mostly visibly clean.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice used locally implemented prescribing guidelines, which followed best practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. GPs carried out weekly visits to the two residential homes, where some of their patients resided.
- Patient feedback said staff were polite, caring and understanding. Patients said they were given enough time during appointments and they felt listened to.
- The practice were culturally sensitive and aware of the needs of the local population.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

# Summary of findings

- 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. The practice responded in a timely manner to issues raised and learning from complaints was shared with staff.
- The practice had a strategy to sustain achievements against the quality and outcome framework, as well as to continue holistic care to patients. Staff were aware of the practice strategy and aim to provide holistic care to patients.
- There was a leadership structure and staff felt supported by management. Staff told us there was mutual respect within the practice between all staff members.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The patient participation group was active and involved in improving patient education.

The areas where the provider must make improvement are:

- Ensure all risk assessments are reviewed as appropriate and actions are taken to mitigate identified risk.
- Ensure all areas of the practice are appropriately cleaned and single use stock is checked accordingly.
- Ensure appropriate checks are carried out before the employment of locum staff.

The areas where the provider should make improvement are:

- Ensure policies are reviewed as appropriate and action is taken in accordance with practice policies.
- Consider the implementation of a practice policy to support the process to recruit locum staff.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place to report and record significant events. They were investigated, discussed at staff meetings and lessons were shared to improve safety in the practice.
- When things went wrong patients were given an explanation, informed of the actions taken and a written or verbal apology.
- The practice had a safeguarding lead and staff were knowledgeable about what to do if they had any safeguarding concerns.
- The practice was tidy and mostly visibly clean. However, we noted that the sinks in two of the rooms had limescale around the taps and plug hole. We also found single use items that were out of date, including dressings and lancets.
- Not all appropriate recruitment checks were carried out on locum GPs and there was no policy in place to ensure appropriate checks were gathered before employment of locum staff.
- There were procedures in place for monitoring and managing risks to patient and staff safety. However, some risk assessments had not been reviewed and not all actions identified as a result of a risk assessment had been carried out.
- There were arrangements in place to deal with an emergency or major incident, this included a relocation plan.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice used locally implemented prescribing guidelines, which followed best practice.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Clinical audits were completed to review the quality of the service and make improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- 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. GPs carried out weekly visits to the two residential homes, where some of their patients resided.
- Staff were knowledgeable about the Mental Capacity Act 2005 and signed consent forms were scanned into patient records.
- Patients were supported to live healthier lives and signposted to relevant support groups. The practice also provided a range of health checks.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice on average compared to others.
- Patient feedback said staff were polite, caring and understanding. Patients said they were given enough time during appointments and they felt listened to.
- Information for patients about the services available was easy to understand and accessible.
- The practice were culturally sensitive and aware of the needs of the local population.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

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. This included the provision of in-house anticoagulation testing and monitoring and an enhanced diabetic service.
- Most patient feedback said they found it easy to make an appointment and access the services. However, some patient feedback said there were delays for their appointments. The practice had identified this and worked with the patient participation group to improve the access to services.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- Information about how to complain was available and easy to understand. The practice responded in a timely manner to issues raised and learning from complaints was shared with staff.

## Are services well-led?

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

- The practice had a strategy to sustain achievements against the quality and outcome framework, as well as to continue holistic care to patients. Staff were aware of the practice strategy and aim to provide holistic care to patients.
- The practice had an overarching governance framework which supported the delivery of quality care.
- There was a leadership structure and staff felt supported by management. Staff told us there was mutual respect within the practice between all staff members.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was active and involved in improving patient education.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent same day appointments for those with enhanced needs.
- All patients aged over the age of 75 had a named GP.
- Patients were referred to a local care co-ordinator as required according to their social needs.
- Patients residing in a residential home were visited weekly by a GP.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management, including the management of diabetes.
- Patients at risk of hospital admission were identified as a priority and care plans were put into place as a result.
- 87% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Home visits were available when needed.
- All these patients had a named GP and a planned structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

Good



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

# Summary of findings

- There were systems 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 comparable to the local clinical commissioning group for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 63%, which was comparable to the CCG average of 69% and lower than the national average of 74%.
- The practice identified that there was a low uptake in cervical screening and taken action to improve this.
- 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)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services to book appointments, as well as request repeat prescriptions.
- A full range of health promotion and screening was offered that reflected the needs for this age group, including NHS Health Check.
- Extended hours and telephone consultations were available for those that could not attend the practice in normal working hours.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.



# Summary of findings

- 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.
- There was a safeguarding lead within the practice and staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

Good



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

- 93% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 87% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out screening for dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice also referred patients for counselling, as appropriate.

# 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 below the local and national averages in some areas. 354 survey forms were distributed and 126 were returned. This represented 1% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 55% 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%.
- 69% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 50% 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 before our inspection. We received 48 comment cards, 42 of which were positive and four were positive and negative and two were negative about the standard of care received. Negative comments including delays whilst waiting for an appointment. Positive comments included patients felt respected and staff were polite.

The NHS Friends and Family Test for May 2016 showed 75% of patients would recommend the practice.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure all risk assessments are reviewed as appropriate and actions are taken to mitigate identified risk.
- Ensure all areas of the practice are appropriately cleaned and single use stock is checked accordingly.

- Ensure appropriate checks are carried out before the employment of locum staff.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure policies are reviewed as appropriate and action is taken in accordance with practice policies.
- Consider the implementation of a practice policy to support the process to recruit locum staff.

# East Park Medical Centre - R P Pandya

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

## Background to East Park Medical Centre - R P Pandya

East Park Medical Centre is a GP practice, which provides primary medical services to approximately 10,428 patients living in the Evington, Spinneyhill, Highfields, Stoneygate, Belgrave and Rushy Mead areas of Leicester City. All patient facilities are accessible. Leicester City Clinical Commissioning Group (LCCCG) commission the practice's services.

The practice is located at 264-266 East Park Road, Leicester and also has a branch site at 41-43 Doncaster Road, Leicester. The branch site was not visited as part of this inspection.

The practice has two GP partners and six GPs (four male and four female). The nursing team consists of two practice nurses, a healthcare assistant and a phlebotomist. They are supported by a Practice Manager and a team of reception staff and administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. The branch site on Doncaster Road is also open between 8am and 6.30pm Monday to Friday, with the exception of a Thursday when it closes at 1pm.

Appointments are available between 9am and 6.30pm. Extended hours appointments are offered on a Monday from 6.30pm to 9pm. In addition to pre-bookable appointments, telephone consultations and urgent appointments are also available.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

An inspection was carried out at the practice in October 2013 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At that time, we found patients were displeased with the delays in getting appointments and with some GP surgeries running late. It was identified that some staff required further training in safeguarding children and vulnerable adults and certain items of emergency equipment were missing. The provider also needed to review its systems in place for recruiting staff and monitoring the quality of service provision.

An additional desk-based inspection was carried out in June 2014 and it was found that the practice had made the appropriate improvements to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

## 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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

- Spoke with a range of staff, including the practice manager, GPs and reception staff.
- Spoke with members of the patient participation group.
- Observed how patients were being cared for.
- 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.

# 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, provided an explanation, given an apology and informed of any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and lessons learnt were discussed to ensure action was taken to improve the safety in the practice.
- Staff told us incidents were discussed at the practice meetings, which were held every three months. Any urgent actions were discussed as needed. We saw records of meetings to confirm this.

Safety alerts, including medicine alerts were distributed by email to the clinicians. We saw alerts were discussed and action was taken as necessary.

### Overview of safety systems and processes

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

- Staff demonstrated they understood their responsibilities in relation to safeguarding children and vulnerable adults from abuse. They had access to external safeguarding contacts and raised any issues immediately with the on call doctor. Policies were accessible to all staff and reflected relevant legislation and local requirements. One of the GP partners was the lead for safeguarding. All staff had received training on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. Staff had been identified to act as chaperones and were trained for the role. Reception staff who acted as a chaperone and not yet received a Disclosure and Barring Service (DBS) check. (DBS)
- We observed the premises to be tidy, and most areas were visibly clean. However, we noted that the sinks in two of the rooms had limescale around the taps and plug hole. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been completed in 2012 and highlighted areas that required improvement. A further annual audit was completed, however this was undated, and identified improvements had been made as a result. We found single use items that were out of date, including dressings and lancets. We raised this immediately and the items were disposed of accordingly.
- The arrangements for managing medicines, including emergency medicines and 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. A system was in place to ensure patients collecting prescriptions for controlled medicines provided identification. Prescriptions not collected were destroyed, coded in patient records and the GP was informed. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the

# Are services safe?

appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We found that not all appropriate recruitment checks were carried out on locum GPs and there was no policy in place to ensure appropriate checks were gathered before employment of locum staff.

## Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. However, some risk assessments had not been reviewed and not all actions identified as a result of a risk assessment had been carried out.

- There was a health and safety policy available which identified local health and safety representatives. A fire risk assessment was carried out in November 2013 and was due to be reviewed in November 2014. The risk assessment identified various actions, however we noted that these had not been completed. Fire alarms, smoke detectors, call points and emergency lighting had been serviced in March 2016 and one emergency light had failed. This had not been replaced. Fire drills were carried out on a regular basis and the fire alarm was tested weekly. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety, including legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and a rationale as to why the practice did not stock controlled medicines. The practice had safety data

sheets for control of substances hazardous to health (COSHH) products in the cleaning cupboard, however there were not safety data sheets for other COSHH products available in clinical rooms.

- Arrangements were in place to plan and monitor the number of staff and mix of staff needed to meet patients' needs. A rota identified when reception staff were on duty and staff members covered planned and unplanned leave.

## 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage and infectious patients. The plan included emergency contact numbers for staff and a relocation plan.

# 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 notifications were sent to all clinicians, which was used 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.
- The local clinical commissioning group had implemented prescribing guidelines, which the practice followed.

### 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 99% of the total number of points available.

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 better compared to the national average. For example, 87% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 93% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 87% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last 12 years, one of which had a second cycle to review the changes introduced. For example, repeat prescriptions were no longer issued for patients using GTN spray and patients were required to be seen by a GP before another prescription.
- The practice participated in local audits and peer review.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff, including locums. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, as well as aspects of the job role.
- 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 and for those taking blood samples.
- 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, discussion at practice meetings and protected learning time.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision, facilitation and support for revalidating GPs and nurses and internal and external protected learning time. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information



# Are services effective?

## (for example, treatment is effective)

governance. Staff had access to and made use of e-learning training modules, in-house training and protected learning time organised through the clinical commissioning group.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Patients also kept a copy of their care plan.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The secretary processed all referrals through the choose and book system and ensured patients had a choice of location for their appointment.
- All incoming mail was given to the GPs on the same day. GPs coded and actioned the mail as appropriate, which was then given back to the secretary to scan into the patient records. All mail, including electronic discharges, were actioned the same day.
- GPs carried out weekly visits to the two residential homes, where some of their patients resided.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings were arranged with other health care professionals to discuss patients on the palliative care register. However, records confirmed that although district nurses and palliative care nurses were invited, they did not attend.

### Consent to care and treatment

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

- Clinicians had received training in the Mental Capacity Act 2005.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- Consent forms were scanned into the patient record.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients could be referred to a local lifestyle hub, which offered advice and guidance regarding weight, exercise and diet.

The practice's uptake for the cervical screening programme was 63%, which was comparable to the CCG average of 69% and lower than the national average of 74%. The practice had identified the low uptake for cervical screening and had taken several actions to improve this. This included a dedicated clinic, alerts on the computer system so clinicians and reception staff could remind patients to book an appointment. Information was also displayed in the waiting area. The practice offered telephone reminders for patients who did not attend for their cervical screening test. 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 95% to 99% and five year olds from 88% to 98%. The practice contacted parents if they did not attend with their child for their immunisation.



# Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed staff members were polite and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

Forty-two of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the staff were polite, caring and understanding.

We spoke with two members of the patient participation group (PPG), who told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff were supportive.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. Satisfaction scores for the practice were comparable for some areas regarding consultations with GPs and nurses, other areas were lower. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% 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%.
- 76% 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%.

- 81% 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%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

All staff had completed customer service training as a result of the survey.

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received said patients were given time during their appointments and that they felt listened to.

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

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 71% 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%.
- 81% 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:

- All staff were multi-lingual and told us translation services were also available for patients who did not have English as a first language.
- Information leaflets were available in easy read format, as well as in other languages.

### 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 was available in other languages to meet the needs of the local population.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (0.5% of the practice list), carers were offered flu vaccinations and health checks. The practice were aware culturally sensitive and aware that patients may not identify themselves as a carer. The practice had discussed the identification of carers with the patient participation group to ensure they received support and guidance. Additional work was planned to be carried out during the flu campaign. Written information was available including young carer information.

Staff told us that if families had suffered bereavement, their usual GP contacted them. GPs referred to the Open Mind service (a service which provided support, including counselling, to those with mental health problems) and other counselling services as required. Bereavement counselling services, including Shama, were also available in the waiting area. The practice were culturally aware of the local population needs. A member of the patient participation group provided advice and guidance to ensure patients received the support they required when they suffered bereavement, including how to obtain a death certificate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday until 9pm 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 required same day consultation.
- The practice was accessible to all patients. A ramp had been built outside to ensure those in a wheelchair or parents with pushchairs could access the building and there were disabled facilities.
- Translation services were available. The practice did not have a hearing loop, however told us there had been no issue in communicating with patients who had hearing problems.
- The practice had identified 15% of their patient population had a diagnosis of diabetes and offered an enhanced diabetic service to these patients.
- The practice was able to refer patients to a local care co-ordinator, according to their social needs to assist with holistic care.
- In-house anticoagulation testing and monitoring was available at the practice.
- Weekly antenatal clinics were hosted by the practice.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The branch site on Doncaster Road was also open between 8am and 6.30pm Monday to Friday, with the exception of a Thursday when it closed at 1pm. Appointments were available between 9am and 6.30pm. Extended hours appointments were offered on a Monday

from 6.30pm to 9pm. In addition to pre-bookable appointments, telephone consultations and 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 lower compared to national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had reviewed their appointment system, with the assistance of the patient participation group (PPG). Of the appointments available, 50% were pre-bookable and 50% were bookable on the day. Members of the PPG told us patients had previously raised complaints with them regarding appointments, including getting an appointment to see a specific GP in an emergency. They told us they had worked with the practice to educate patients on access to the services offered and there had been a decrease in the number of informal complaints raised to them directly regarding appointments.

All requests for home visits were recorded on the patient record system and assigned to a GP. The GP would then assess whether a home visit was clinically necessary.

### 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.
- Staff have a good understanding of the complaints procedure and told us they would try to resolve any concerns if they could, as well as inform patients of the process to raise a formal complaint, if they wished.
- We saw that information was available to help patients understand the complaints system, which included an information leaflet in the waiting area.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at ten complaints received since November 2013 and found they were investigated and responded to in a timely manner. Patients received a verbal apology, and where appropriate, a meeting was held with the patient to discuss their concerns. The practice followed this up in writing with a summary of the discussions held, actions

taken and a written apology. Lessons were learnt from individual concerns and complaints. For example, staff were reminded to inform patients that if a GP wished to see a patient following a telephone consultation, an appointment would be made.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a strategy to sustain achievements against the quality and outcome framework, as well as to continue holistic care to patients.

Staff were aware of the practice strategy and aim to provide holistic care to patients.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Staff told us the practice held practice meetings every three months, these included all staff from both sites. We saw evidence that staff discussed significant events and complaints at practice meetings.
- Practice specific policies were implemented and were available to all staff. However, we found one policy which was past their expiry date and another which was not fully adhered to. For example, the chaperone policy was due to be reviewed in November 2013 and a policy was in place to monitor the control of substances hazardous to health (COSHH), which required COSHH products to be audited on an annual basis. The practice had not carried out a COSHH audit.
- The practice carried out clinical and administrative audits to monitor quality and to make improvements.
- There were procedures in place for monitoring and managing risks to patient and staff safety. However, some risk assessments had not been reviewed and not all actions identified as a result of a risk assessment had been carried out.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience and capability to run the practice and ensure quality care. Staff told us the partners were approachable and there was an open door policy, and were encourage to be open and honest.

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). The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave an explanation to affected people and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said there was a mutual respect within the practice between all staff members, including the practice manager and GPs.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met on a quarterly basis, carried out patient surveys and helped patients to complete surveys by translating for them. The PPG told us they felt that they represented their local communities and also had patients who attended the main site on East Park Road, as well as the branch site on Doncaster Road. Members of the PPG had promoted the services that were available at the practice, including how to use the services. For example, when to see a nurse instead of a GP, what advice a pharmacist could provide and advice on travel and vaccinations.

# Are services well-led?

Good 

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

- Feedback from patient surveys highlighted GPs did not always start on time and reception did not always treat patients well. We saw as a result, the start time for clinics had changed and reception staff had gone on additional customer service training.
- The practice had gathered feedback from staff generally through practice meetings. Staff told us if they had any ideas to improve the services provided, they would raise these during practice meetings. Staff suggested to increase the number of telephone consultations available, which the practice had implemented.

## 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>They had failed to review risk assessments and take action to mitigate against identified risks;</p> <p>They had failed to ensure all areas of consultation rooms were appropriately cleaned and single use stock was reviewed to ensure any past their expiration date was disposed of;</p> <p>They had failed to ensure all appropriate recruitment checks were carried out on locum staff before employment.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>