

Dr Vishwambhar Sinha

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection in October 2014 rated the practice as Good in all domains and overall).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Dr Vishwambhar Sinha (also known as Crane Park Surgery) on 9 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes; however, they did not always ensure that a comprehensive record was kept of the investigation and the action taken.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines. There were systems in place to ensure that patients with long-term conditions or who were vulnerable received the treatment and health checks they needed; however, there were limited arrangements in place to formally review the effectiveness and appropriateness of the care provided.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.

Summary of findings

- There was a lack of governance arrangements to ensure that comprehensive records were kept relating to the running of the practice and that quality assurance processes were in place which led to improvements in patient outcomes.

The areas where the provider must make improvements are:

- The practice must ensure systems and processes are established and operated effectively to demonstrate good governance.

In addition, they should:

- Take action to increase the number of carers identified, in order that they can provide support to these patients.

- Make available all required emergency medicines and put processes in place to monitor the stocks of these medicines.
- Complete a risk assessment of the practice and put in place arrangements to mitigate any risks identified.
- Introduce a programme of clinical audit, to include action plans to address identified areas of improvement.
- Include contact details for the Parliamentary and Health Service Ombudsman in responses to complaints.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

Dr Vishwambhar Sinha

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 second CQC Inspector, GP specialist adviser and an expert by experience.

Background to Dr Vishwambhar Sinha

Dr Vishwambhar Sinha (also known as Crane Park Surgery) provides primary medical services in Whitton to approximately 3210 patients and is one of 23 practices in Richmond Clinical Commissioning Group (CCG). The practice is registered as an individual.

The practice population is in the fifth least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 20%, which is higher than the CCG average of 9%, and for older people the practice value is 17%, which is higher than the CCG average of 11%. The practice has a greater than average proportion of patients aged between 0-44 years and a smaller than average proportion of patients aged 55 years and older.

The practice operates from the first floor of a large purpose-built health centre, which also accommodates another GP practice and other health provision such as a physiotherapy service, district nurses and health visitors. A lift is available to take patients from street level to each floor in the building. A small amount of car parking is available at the practice, and there is space to park in the

surrounding streets. The practice consists of a reception desk area and adjoining waiting area, administrative offices, two GP consultation rooms and one nurse consultation rooms.

The practice team at the surgery is made up of one full time male GP principal, one male and one female part time long-term locum GPs. In total 12 GP sessions are available per week. The practice also employs a part time female nurse. The clinical team are supported by a practice manager, and two reception/administrative staff.

The practice operates under a General Medical Services (GMS) 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).

The practice reception is open from 8:30am and 1pm and from 3pm to 6:30pm every weekday apart from Wednesdays when the practice is closed during the afternoon. Appointments are available on weekday mornings from 8:30am until 11:30am and on weekday afternoons (apart from Wednesdays) from 3:30pm until 6:00pm. Extended hours appointments are available on Thursdays from 6:30pm until 8:15pm. When the practice is closed patients are directed to contact the local out of hours service. Patients at the practice can also book appointments to see a doctor between 8am and 8pm at the CCG's seven day opening hub.

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury, surgical procedures and family planning.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a range of policies in place, but these were not always tailored to the practice, and staff were not always aware of them; however, staff told us that they would report all concerns over safety to the practice manager and they showed an adequate understanding of the types of incidents they would report.
- The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies and quick-reference guides were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had a recruitment policy in place which listed the background checks they would carry-out as part of their recruitment process. The practice had not recruited any new staff members since the policy was introduced in 2014, and therefore we were unable to view evidence of the policy being implemented.
- Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were systems in place to manage infection prevention and control (IPC) and all staff had received up to date training in this area; however, activities undertaken relating to IPC were not always recorded.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency equipment minimised risks. The practice had a supply of emergency medicines available; however, they did not have any medicines for the treatment of suspected bacterial meningitis, and were unaware why this was missing. The practice kept prescription stationery securely; however, there was no process in place to monitor its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed their antimicrobial prescribing

Are services safe?

annually over the past four years; however, they had not produced a formal action plan following these reviews, and their prescribing of broad-spectrum antibiotics had remained consistent over this period, which was higher than local and national averages but within acceptable margins of variation (broad spectrum antibiotics are those which act against a wide range of disease-causing bacteria, but which may contribute to antibiotic resistance).

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- The practice had risk assessment templates in relation to some safety issues, such as the health risks relating to the use of computer monitors; however, there was no evidence that these risk assessments had been carried-out and they did not maintain a comprehensive risk log.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong; however, they lacked a robust recording system.

- There was a system for recording and acting on significant events and incidents; however, this relied heavily on the presence of the practice manager. Staff understood their duty to raise concerns and report incidents and near misses; however, they were unsure how they would do this at times when the practice manager was not at work.
- Leaders at the practice were able to describe the systems for reviewing and investigating when things went wrong; however, the practice did not always keep comprehensive records of the investigation and the sharing of lessons learned.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. The practice had 107 patients aged 75 and over, and over the past 12 months they had carried-out health checks for 95 of these patients.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice's overall Quality Outcomes Framework achievement for the care of patients with long-term conditions was above local and national averages. For

example, overall achievement for care of patients with diabetes was 94% of the total points available (compared to a CCG average of 95% and national average of 91%); for asthma they had achieved 100% of the available points overall (CCG average 99%, national average 97%); and for Chronic Obstructive Pulmonary Disease they achieved 100% of the overall points available (CCG average 97%, national average 96%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Childhood immunisation rates for the vaccinations given were higher than national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had met or exceeded the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.2 (compared to the national average of 9.1).
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 76% (with an exception reporting rate less than half that of the local and national average), which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances.

Are services effective?

(for example, treatment is effective)

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

- The practice had 10 patients diagnosed with dementia and 86% of these patients had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average; however, the practice's exception reporting rate for this indicator was 13%, compared to a CCG average of 5% and national average of 7%.
- The practice had 12 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses and all of these patients had a comprehensive, agreed care plan documented in the previous 12 months (the practice had not exception reported any of these patients). This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption compared with a local and national average of 90%.

Monitoring care and treatment

The practice had carried-out medicines management audits when required by the CCG. The lead GP also showed us an audit he had completed for his GP appraisal which demonstrated an improvement in the quality of care provided to patients with chronic obstructive pulmonary disease; however, there was no internal planned programme of audit or other formal quality improvement activity other than their close monitoring of their progress against Quality Outcomes Framework targets.

The practice's most recent published Quality Outcomes Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate for the practice was 4.5% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used an enhanced patient information system to enable them to identify patients who required annual health checks or other clinical interventions.
- The practice had completed clinical audits where required by the CCG in areas such as antibiotic prescribing and polypharmacy.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included appraisals and support for revalidation. The practice had an induction recording sheet available but there was no evidence of it being used; however, the practice had not recruited any new staff for a number of years. Staff at the practice told us that there were regular opportunities for clinical staff to discuss patients in order to ensure that sound clinical decisions were being made; however, there was no formal process of auditing the clinical decision making or prescribing decisions made by these staff members.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 47 patient Care Quality Commission comment cards we received were positive about the service received from both clinical and support staff at the practice. Some patients specifically commented on GPs going beyond their expectations to provide a caring service; for example, by phoning patients, often after surgery hours, to check on them. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and forty five surveys were sent out and 108 were returned. This represented about 3% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG average - 85%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG average - 96%; national average - 95%.
- 91% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG average - 86%; national average - 86%.

- 87% of patients who responded said the nurse was good at listening to them; CCG average - 90%; national average - 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG average - 92%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG average - 98%; national average - 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG average - 91%; national average - 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful; CCG average - 87%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand; for example, communication aids were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers by asking patients whether they had caring responsibilities when they registered with the practice, and then by identifying patients opportunistically during consultations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (less than 1% of the practice list).

- Information on support available to carers was on display in the waiting area. The practice encouraged carers to have influenza immunisation.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services caring?

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:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG average - 84%; national average - 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG average - 89%; national average - 90%.

- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG average - 83%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- From our observations during the inspection, there was evidence that the practice stored and used patient data in a way that maintained its security.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example, they provided extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, and telephone consultations).
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice met with the local district nursing team when needed to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who

were at risk. The practice maintained a register of children who were on the child protection register, and a flag was put on the patient records system to identify these patients. We saw evidence that the Principal GP attended child safeguarding meetings where necessary.

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations

Are services responsive to people's needs?

(for example, to feedback?)

on the day of inspection and completed comment cards. Three hundred and forty five surveys were sent out and 108 were returned. This represented approximately 3% of the practice population.

- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 71% of patients who responded said they could get through easily to the practice by phone; CCG average – 79%; national average - 71%.
- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average - 88%; national average - 84%.
- 89% of patients who responded said their last appointment was convenient; CCG average - 84%; national average - 81%.
- 85% of patients who responded described their experience of making an appointment as good; CCG average - 75%; national average - 73%.

- 70% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 63%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance; however, we noted that the practice did not routinely signpost patients to the Parliamentary and Health Service Ombudsman in complaint responses. One complaint was received in the last year. We reviewed this complaint and found that it was satisfactorily handled in a timely way.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders aspired to deliver high-quality, sustainable care; however, in some areas, the governance arrangements in place required review and development.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Leaders at the practice were aware of the need to develop future leadership plans, and they were in the process of making succession arrangements.

Vision and strategy

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

- There was a clear vision and set of values.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The practice's priorities were in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. From the complaint example we viewed, it was clear that the practice was open with patients when things went wrong and offered a sincere apology.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were some governance arrangements in place; however, in some areas improvements needed to be made to ensure that these were effective.

- The practice had policies and procedures in place; however, these were not always practice-specific or well embedded, and in some cases, procedures had not been followed. For example, the practice had not followed its own procedure in relation to workstation assessments for staff.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- The practice did not have effective systems in place to ensure that records were kept of all discussions and activities that took place. For example, we were told that infection prevention and control checks were carried-out monthly, but these were not recorded. Staff we spoke to were able to describe the process of short regular meetings which took place to keep staff updated; however, no comprehensive record was kept of these meetings to record discussions and decisions made.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance; however, in some areas there was a lack of evidence to show these were effective.

- There were some processes in place to identify, understand, monitor and address current and future risks including risks to patient safety; however, in some areas these were not well implemented and recorded.

Are services well-led?

Requires improvement 

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

For example, we were told that monthly infection prevention and control checks were undertaken; however, there was no formal checklist or record kept of these.

- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice had carried-out some clinical audits which had been required by the CCG and for the lead GP's appraisal, and there was evidence that the practice interrogated its patient records system for the purpose of identify patients requiring specific clinical interventions; however, there was no culture within the practice of using two-cycle audit to drive quality improvement.
- The practice had a business continuity plan in place; however, this was not easily accessed and not all staff were aware of it.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice submitted data or notifications to external organisations as required.
- The practice used information technology systems to monitor and improve the quality of care.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The leadership team at the practice embraced new technology which improved the provision of patient care; for example, the practice used an IT programme which aided the identification of patients requiring a treatment review. The practice had also recently purchased new "smart" clinical equipment such as spirometer and ECG machine which connected directly to their computer system.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The service did not have systems or processes established and operated effectively to ensure compliance with the requirements of this regulation. In particular:</p> <ul style="list-style-type: none">- Arrangements were not in place to ensure that activities associated with the day to day running of the practice were recorded; for example, the practice did not keep comprehensive minutes of meetings that were accessible by all relevant staff, there was no record kept of internal Infection Prevention and Control checks, and the use of prescription stationery was not formally recorded and monitored.- Internal policies required review in order to ensure that they were necessary, specific to the practice and could be implemented in the absence of the leadership team; for example, significant events were recorded in a book which was not available to staff in the absence of the practice manager. The practice had failed to ensure that all staff were sufficiently familiar with relevant safety policies, such as the business continuity plan. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>