

Dr Eric Paul

Quality Report

Seven Kings Health Centre
1 Salisbury Road
Seven Kings
Ilford
Essex, IG3 8BG
Tel: 020 8597 0924
Website:

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection February 2017 – Requires Improvement)

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? – Good

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 undertook a comprehensive inspection of Dr Eric Paul on 6 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

The practice was rated as requires improvement for providing safe, effective, caring and well led services and good for providing responsive services. Overall the practice was rated as requires improvement and Requirement Notices were issued in respect of breaches in:

1. Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment;
2. Regulation 17 HSCA (RA) Regulations 2014 Good governance;
3. Regulation 18 HSCA (RA) Regulations 2014 Staffing.

The full comprehensive report following the inspection in January 2017 can be found by selecting the 'all reports' link for Dr Eric Paul on our website at www.cqc.org.uk.

We undertook a comprehensive inspection of Dr Eric Paul on 1 December 2017 to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

During our visit we:

- Spoke with a range of staff including the principal GP, Practice Nurse, Practice Manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

Summary of findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

At this inspection we found:

- The practice had clear 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.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Clinical audit had a positive impact on quality of care and outcomes for patients.

- 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.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Ensure that infection prevention control audits are completed annually.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Dr Eric Paul

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 and a practice manager specialist adviser.

Background to Dr Eric Paul

Dr Eric Paul is a single-handed GP based at Seven Kings Health Centre, 1 Salisbury Road, Seven Kings, Ilford, Essex, IG3 8BG which is shared with another GP practice as well as community services. The practice provides NHS primary care services through a General Medical Services (GMS) contract to approximately 1,840 patients living in the local area. The practice is part of the NHS Redbridge Clinical Commissioning Group (CCG).

The practice team consists of a male GP, a female practice nurse, a practice manager and two receptionists. The GP provides nine sessions per week and the practice nurse works 13 hours per week and both have been in post for 23 years. The practice manager works 16 hours per week. There are also two part time receptionists and two locum receptionists providing ad-hoc support.

The practice serves a higher than average number of people 25-40 years of age and a slightly higher than average number of people under 24 years of age. The practice serves a low number of older people with around 80 patients over 70 years of age. The practice is in the fifth more deprived decile on the level of deprivation scale (People living in more deprived areas tend to have greater need for health services).

The practice is open between 9am and 6.30pm Monday to Friday with the exception of Thursday when the practice closes at 12pm. Appointments are from 9am to 1pm every morning and 4pm to 5.30pm daily except on Thursday.

The practice provides the core GMS services including chronic disease management, childhood immunisations and travel vaccinations.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, family planning and maternity and midwifery services.

Are services safe?

Our findings

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

At our previous inspection on 6 January 2017, we rated the practice as requires improvement for providing safe services.

- Systems were in place to keep people safe however shortfalls were identified in relation to chaperoning, safeguarding and the monitoring of high risk medicines.
- There was no policy for the handling of patient safety alerts received from the NHS central alert system and the Medicines & Healthcare Regulatory Agency (MHRA).

The practice had addressed these issues when we undertook a comprehensive inspection on 1 December 2017.

Safety systems and processes

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

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. GPs were trained to child safeguarding level three, the practice nurse to level two and non clinical staff to level one. Policies were regularly reviewed and were accessible to all staff.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Regular IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last IPC audit was completed in October 2016.
- 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 carried out (DBS)

- All staff received up-to-date safeguarding and safety 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 was an effective system to manage infection prevention and control. The practice worked in conjunction with the local Health Protection Unit to ensure that their policies and procedures were suitable for preventing and controlling infection transmission.
- 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 of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- There was an effective induction system for temporary staff tailored to their role.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- There were procedures in place for monitoring and managing premises related risks to patient and staff safety. These were managed by NHS Property Services.
- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as Control of

Are services safe?

Substances Hazardous to Health (COSHH), infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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 reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored 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 audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patient Group Directions (PGD) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- Medication that was available as over the counter (OTC) medication, was recommended by the principal GP dependent upon individual circumstances.
- 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.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, a blood test result with an abnormal reading, taken as a result of an NHS Health Check, was filed without being drawn to the attention of the GP. As a result of this, all bloods that are now taken are noted and checked before being filed. All abnormal, or raised results, are passed immediately to the GP.
- 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, and all of the population groups, as good for providing effective services.

At our previous inspection on 6 January 2017, we rated the practice as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits did not demonstrate quality improvement.
- Staff had most of the skills, knowledge and experience to deliver effective care and treatment however there were shortfalls in mandatory training including safeguarding, basic life support and infection control.
- There was limited evidence of appraisals and personal development plans for staff.

The practice had addressed these issues when we undertook a comprehensive inspection on 1 December 2017.

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.
- Data showed that the practice was a very low prescriber of antibacterial prescription items prescribed per Specific Therapeutic group at 0.38 compared to the CCG figure of 0.88 and the national average of 0.98.
- They were comparable to other practices when prescribing Cephalosporins or Quinolones.
- We saw no evidence of discrimination when making care and treatment decisions.

- The practice had systems to keep clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- 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.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- 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 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:

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 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.

Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators was better than the CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 96% compared with the CCG average of 75% and the national average of 80%. Also the percentage of patients with diabetes, on the register, whose last measured blood pressure reading (measured within the preceding 12 months) is 140/80 mmHg or less was 86% compared with the CCG and national averages of 78%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given was 72% which was below the target percentage of
- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Online booking of appointments was available as was ordering of repeat prescriptions.
- The practice's uptake for cervical screening was 74%, 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 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

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

- The practice carried out advance care planning for patients living with dementia. 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 85% and the national average 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, compared with the CCG average of 91% and the national average of 90%.
- 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 (CCG 91%; national 90%); and 100% of patients experiencing poor mental health had received discussion and advice about smoking cessation (CCG 92%; national 90%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The audits completed as part of this programme were clinically appropriate and responsive to the needs of patients.

Are services effective?

(for example, treatment is effective)

The most recent published Quality Outcome Framework (QOF) results were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 11% 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 was an outlier on some QOF (or other national) clinical targets. Data from 2016-2017 showed:

- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 86% which was lower than both the CCG and the national average of 97%.
- Performance for diabetes related indicators was 72% which was lower than both the CCG average of 84% and the national average of 91%.
- Performance for mental health related indicators 81% which was lower than both the CCG and the national average of 94%.
- Performance for Osteoporosis: secondary prevention of fragility fractures related indicators was 0% which was lower than both the CCG average of 84% and the national average of 91%.
- The principal GP had looked at the reasons why they were an outlier and concluded that it was due to the low number of patients on the list and the significant skewing of figures should one person not attend a review. We saw evidence that this was the case particularly with regards to diabetes and mental health where, in both cases, one person did not attend a review.
- With regards to osteoporosis there had been no patients that met the criteria.

There was evidence of quality improvement, including clinical audit:

- There had been 2 clinical audits commenced in the last two years. Both of these were completed audits where the improvements made were implemented and monitored. One of these audits was undertaken on COPD patients and revealed a number of patients where

ther was a need to review their medication and to offer smoking cessation advice. The re-audit showed that medication reviews had taken place and smoking cessation advice had been given.

- Findings were used by the practice to improve services. For example, action taken as a result of a recent MHRA alert regarding the prescribing of sodium valproate to women of child bearing age showed that the practice had no women who were being prescribed this medication. This was re-audited six months later with the same result. The principal GP intends to continue regular re-audits due to a changing practice population.

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
- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating 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.

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.
- The percentage of new cancer cases who were referred using the urgent two week wait referral pathway was 57% which was comparable to the CCG average of 56% and the national average of 50%.
- 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 providing caring services.

At our previous inspection on 6 January 2017, we rated the practice as requires improvement for providing caring services.

- There was no system in place to identify and support patients who were carers.

The practice had addressed these issues when we undertook a comprehensive inspection on 1 December 2017.

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 39 patient Care Quality Commission comment cards we received were positive about the service experienced. This is 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 sixty surveys were sent out and 104 were returned. This represented about 6% of the practice population. The practice was comparable to the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.

- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.
- 93% of patients who responded said the nurse was good at listening to them; (CCG) - 83%; national average - 90%.
- 93% of patients who responded said the nurse gave them enough time; CCG - 84%; national average - 92%.
- 95% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 95%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 83%; national average - 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG - 78%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Double appointments were offered when interpreters were used.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. There was a poster on the waiting room notice board giving information for carers in the Redbridge area. This helped them ask questions, and receive information, about their care and treatment.
- The practice proactively identified patients who were carers by placing notices in the waiting area, capturing details at the point of registration and opportunistically by reception and clinical staff. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers (1% of the practice list) but we were told that the practice believed

Are services caring?

that there were more than this but, due to a coding issue, they had not been accurately recorded. The practice staff were in the process of going through the patient list to identify more carers.

- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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.

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:

- 88% 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 83% and the national average of 86%.
- 81% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.

- 93% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 78%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

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.

At our previous inspection on 6 January 2017, we rated the practice 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. It provided online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- The facilities and premises were appropriate for the services delivered. There were disabled facilities, a hearing loop and translation services available.
- The practice improved services where possible in response to unmet needs.
- 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 in a care 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 accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

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 held regular meetings with the local district nursing team 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, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- 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. It provided online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- Telephone 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 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.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open between 9am and 6.30pm Monday to Friday with the exception of Thursday when the practice closed at 12pm. Appointments were from 9am to 1pm every morning and 4pm to 5.30pm daily with the exception of Thursdays. There were no extended hours appointments available however patients could use a weekend HUB service provided by the local GP federation. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

- 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 higher than local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and sixty surveys were sent out and 104 were returned. This represented about 6% of the practice population.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.

- 83% of patients who responded said they could get through easily to the practice by phone; CCG – 51%; national average – 71%.
- 86% 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 – 76%; national average – 74%.
- 83% of patients who responded said their last appointment was convenient; CCG – 68%; national average – 81%.
- 90% of patients who responded described their experience of making an appointment as good; CCG – 58%; national average – 73%.

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. One complaint was received in the last year and we found that it was satisfactorily handled and in a timely way.
- Although only one complaint had been received, we reviewed some previous ones and also saw that they had been handled appropriately.

Are services well-led?

Good 

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

Our findings

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

At our previous inspection on 6 January 2017, we rated the practice as requires improvement for providing well led services.

- The practice did not have a strategy or supporting business plans which reflected the vision and values and were regularly monitored.
- Clinical and internal audit was not used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there were shortfalls in the systems in place to keep patients safe.

The practice had addressed these issues when we undertook a comprehensive inspection on 1 December 2017

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges the practice faced 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.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. One of the aims within the business plan was to change their clinical computer system to

EMIS Web which would bring them into line with the rest of the CCG, who were already using EMIS Web, and thus assist them to work more collaboratively by managing patient data more effectively.

- The practice has recognised that as a small practice they are very vulnerable in the present healthcare and economic climate. They are at an advanced stage of negotiation to merge with another practice and believe that this will increase patient choice, availability of services, continuity of care and their own resilience.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was 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 sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and this was evidenced by the low staff turnover.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity and staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Good 

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

Governance arrangements

At our last inspection on 6 January 2017, the practice governance framework to support the delivery of good quality care required improvement. There was no programme of continuous clinical and internal audit and re-audit used to monitor quality and to make improvements. A comprehensive understanding of the performance of the practice was not maintained and practice meetings were not routinely recorded and minuted. At this inspection on 1 December 2017, the practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were systems of accountability to support good governance and management.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, action taken as a result of a recent MHRA alert

regarding the prescribing of sodium valproate to women of child bearing age showed that the practice had no women who were being prescribed this medication. This was re-audited six months later with the same result. The principal GP intends to continue regular re-audits due to changing practice population

- The practice had plans in place and had trained staff for major incidents. There was a business continuity plan in place which covered all major eventualities and which contained full contact details of staff and suppliers.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care, although they were actively looking to change their clinical system to bring them in line with the rest of the CCG.
- The practice submitted data or notifications to external organisations as required.
- 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.

Are services well-led?

Good 

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a small patient participation group which consist of a few patients, who are supportive of the aims of the practice. The practice wishes to develop more virtual types of forum and is also considering a closed Facebook 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.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.