

# Dr Upender Sobti

## Quality Report

5 Brampton Road, Kingsbury, London, NW9 9BY  
Tel: 020 8204 6219  
Website: [www.bramptonhealthcentre.co.uk](http://www.bramptonhealthcentre.co.uk)

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr Upender Sobti on 28 October 2014. We rated the practice as 'Requires Improvement' for the service being safe and 'Good' for the service being effective, caring, responsive to people's needs and well-led. We rated the practice as 'Good' for the care provided to older people and people with long term conditions and 'Good' for the care provided to, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances and people experiencing poor mental health (including people with dementia).

We gave the practice an overall rating of 'Good'

Our key findings were as follows:

- Patients were satisfied with the service. They said staff were helpful, polite and caring.
- Medicines were managed safely and infection prevention and control measures in place.

- The practice had extended its opening hours to provide better access for patients.
- Staff were suitably qualified and had received sufficient training to meet patients' needs.
- Services were planned to meet the needs of the patient population and were accessible to all regardless of age, nationality or disability.
- The practice had leadership with governance arrangements in place.
- The practice sought feedback from patients and staff and acted on it to improve the services it provided.

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

Importantly, the provider must:

- Carry out a fire risk assessment to ensure patients and staff are protected from the risks associated with fire. Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Safety and Suitability of Premises.

In addition the provider should:

# Summary of findings

- Ensure clinical audit cycles are completed to demonstrate learning and improvement.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Procedures were in place to ensure incidents and significant events were reported, analysed and learning shared. Safeguarding procedures were in place to protect children and vulnerable adults from harm. Staff had received training and knew who to report to with any concerns. Medicines were managed safely and infection control procedures adhered to. Appropriate pre-employment checks had been carried out on staff before they started working for the practice. Systems were in place to monitor risk, however the practice had not carried out a fire risk assessment to protect patients and staff from the risks associated with fire.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. The practice was carrying out effective needs assessment and providing treatment and care in line with professional guidance by appropriately qualified staff. The practice had undertaken clinical audit, however audit cycles were incomplete, that is audits had not been repeated to check that performance had improved. The practice worked with other services and health care professionals to deliver effective care to patients with complex needs and those with long-term conditions. The practice offered health promotion services including child immunisations, health checks and smoking cessation advice.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients we spoke with were satisfied with the practice. They said staff were helpful and involved them in their care and treatment. This was not always reflected in the results of the 2014 national GP survey however the practice was aware of negative feedback and had taken action to improve patient experience. Patients said they were treated with dignity and respect and were happy with the privacy at reception and during consultations. Emotional support was provided to patients during bereavement and carers were supported in their role.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had planned services to meet the needs of the local population including daily appointment slots dedicated to diabetic patients requiring more intensive management and extended opening hours to accommodate a growing patient list size. The

Good



# Summary of findings

practice had recognised the needs of different groups in the planning of its services including access to a telephone translation service for patients whose first language was not English and an open door policy for those who were homeless. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG) and was responsive to complaints from patients.

## **Are services well-led?**

The practice is rated as good for being well-led. The practice had a clear vision and strategy to develop from a small GP practice to a medium sized GP practice and deliver high quality care that met patients' needs. Staff understood this vision and worked together to achieve it. Succession planning was in place and new staff were being recruited to strengthen the practice team. Governance arrangements were in place including policies and procedures to govern activity and defined roles for staff and clear lines of accountability. Regular staff meetings were held and staff received sufficient training and support to carry out their job roles effectively.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered personalised care to meet the needs of older people. Patients over the age of 75 years had a named GP and care plans had been developed for them. The practice was responsive to the needs of older people, including offering home visits and longer appointments for those with enhanced needs. The practice had achieved 100% in their QOF performance for palliative care in terms of having a complete register available of all patients in need of palliative care/support and holding multidisciplinary team case review meetings where all patients on the palliative care register were discussed.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice had developed care plans for patients with long-term conditions and provided annual reviews to check patients' health and medication needs were being met. For those patients with the most complex needs the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice was achieving good outcomes for patients with long-term conditions. For example, patients with cardiovascular disease and hypertension. The practice had achieved 100% in their QOF performance for asthma and heart failure in the previous year. The practice had also achieved 89% for COPD and 79% for diabetes in the previous year which were below the CCG and national averages. However, the practice was focused on improving these results. For example the practice had achieved 83% of blood glucose checks on diabetic patients in the current QOF year which was above the CCG average.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice provided family planning clinics run by a GP with a special interest in child and women's health. The practice offered a full range of immunisations to children and 90% of those eligible had received vaccinations. Staff were trained to recognise the signs of abuse in children and the computer system highlighted children who were on a protection plan. Staff knew the procedure for reporting concerns. GPs attended multidisciplinary team meetings where children on the at risk register were discussed. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people (including those recently retired and students). The practice had extended hours on Fridays and appointments could be booked online. Telephone consultations were available for those who could not attend an appointment at the practice. Information was available for this population group to ensure patients could make informed decisions about their and lifestyle. This included information on sexual health services, healthy living, smoking and cancer.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Translation services were available for patients whose first language was not English to help them with their communication needs. The practice had an open door policy for homeless people to ensure they could access primary medical services. People with drug and alcohol issues were signposted to local support services.

Good



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

The practice is rated as good for the care of people experiencing poor mental health. The practice had scored 86% in their QOF performance in the previous year for the management of mental health patients and 100% for dementia patients. All patients with dementia had received annual health checks. The practice had scored above the national average for the percentage of patients with physical and/or mental health conditions whose notes contain an offer of support and treatment within the preceding 15 months.

Good



# Summary of findings

## What people who use the service say

We spoke with six patients during the course of our inspection. We reviewed the results of the practices' most recent patient experience survey and the 2014 national GP patient survey. We could not review Care Quality Commission (CQC) comment cards where patients and members of the public had shared their views and

experiences of the service as none had been completed prior to our inspection. All the patients we spoke with told us they were satisfied with their GP practice. They said appointments were available when they needed one and the staff were kind and considerate. Patients said their privacy was respected.

## Areas for improvement

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

Carry out a fire risk assessment to ensure patients and staff are protected from the risks associated with fire.

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

Ensure clinical audit cycles are completed do demonstrate learning and improvement.



# Dr Upender Sobti

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a CQC pharmacy inspector and included a GP who was granted the same authority to enter registered persons' premises as the CQC inspectors.

### Background to Dr Upender Sobti

Dr Upender Sobti provides NHS primary medical services from Brampton Health Centre, 5 Brampton Road, Kingsbury, London, NW9 9BY. The practice provides primary medical services through a GMS contract to approximately 2000 patients in the local community. The practice is part of NHS Brent Clinical Commissioning Group (CCG) which is made up of 67 GP practices. The practice's patient age distribution was predominantly in the 50-70 years range with a high prevalence of diabetes in the population.

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

The practice staff comprise of two GP partners (one male and one female), a male salaried GP, a female salaried GP, a practice nurse, two health care assistants who are supported by a small team of reception/administration staff. The practice offers a range of services including clinics for patients with long-term conditions, blood pressure monitoring, family planning, cervical smears, flu clinics, health checks, joint injections, travel vaccinations, child immunisations and a phlebotomy service. The practice

opening hours are Monday to Friday 8.30am to 6.30pm with extended hours on Fridays until 7.30pm. The practice has opted out of providing out-of-hours services to its patients and refers patients to the 111 out-of-hours service.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The practice had been inspected in November 2013 and February 2014 where concerns were found. However, a follow up inspection in June 2014 found the practice to be compliant with the regulations associated with the Health and Social Care Act 2008.

### How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

# Detailed findings

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to

share what they knew. We carried out an announced visit on 28 October 2014. During our visit we spoke with a range of staff including two GPs, a health care assistant, the practice manager and two reception/administration staff. We spoke with six patients who used the service. We were unable to review Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service because none had been completed prior to our inspection.

# Are services safe?

## Our findings

### Safe track record

During previous CQC inspections of the practice carried out in November 2013 and February 2014 concerns were raised in relation to safety. These concerns related to out of date emergency medicines and inappropriate vaccine storage, both of which posed potentially serious risks to patients' safety. At a follow up inspection in June 2014 we found that the practice had taken steps to rectify these shortfalls and was compliant with the regulations associated with the Health and Social Care Act 2008. Since our visit in June 2014 we found the practice's track record on safety had improved. Procedures for managing safety had been reviewed and systems were in place to manage risks to patient safety.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred over the previous 12 months and these were made available to us. Significant events were discussed at practice meetings. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. For example, out of date emergency medicines identified during a CQC inspection had been discussed with relevant staff and procedures put in place to ensure medicines were checked on a regular basis. Staff including receptionists, administrators and nursing staff were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so. A GP told us that if they received safety alerts from the NHS central alert system these would be disseminated via email to appropriate staff and acted on. However the GP told us they had not received any that were relevant to the practice.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records made available to us showed that all staff had received relevant role specific training on safeguarding. Clinical staff had received child protection training to Level 3 and non-clinical staff to Level 1. All staff had completed online training in safeguarding vulnerable adults. We asked members of medical, nursing and administrative staff

about their most recent training. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible for staff to view.

The practice had a dedicated GP appointed as lead in safeguarding vulnerable adults and children who had been trained to Level 3 to fulfil this role. All staff we spoke to were aware who the lead was and who to speak to in the practice if they had safeguarding concerns. There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. This information was updated regularly.

A chaperone policy was in place and visible in the waiting room and in consulting rooms. Chaperone training had been undertaken by the practice nurse and health care assistants. Non-clinical staff did not act as chaperones. All clinical staff had criminal record checks via the Disclosure and Barring Service.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with relevant regulations.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. A member of the nursing staff was qualified as an independent prescriber and received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which they prescribed.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice.

## Are services safe?

The protocol complied with the legal framework and covered all required areas. For example, the training requirements of staff generating repeat prescriptions and how changes to patients' repeat medicines were managed. This helped to ensure that patients' repeat prescriptions were still appropriate and necessary.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

### Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a designated lead for infection control who was responsible for ensuring infection control standards were adhered to in the practice. All staff received induction training about infection control specific to their role and there after biannual updates. We saw evidence that two audits had been carried out by the practice over the last year. Areas for improvement had been identified and improvements made as a result. For example, it was identified that sharp bins stored in clinical areas were not labelled and stored on the floor where they could pose an infection control risk. As a result of the audit the sharps bins had been wall mounted and labelled to mitigate the risks.

An infection control policy was available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. There was also a policy for needle stick injury displayed as a quick reference for staff.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms and hand sanitizers were available throughout the practice.

The practice had carried out a risk assessment for legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice was carrying out regular checks in order to reduce the risk of infection to staff and patients.

### Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, the fridge thermometer and blood pressure monitors.

### Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks for clinical staff via the Disclosure and Barring Service. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. At the time of our inspection the practice was in the process of undertaking criminal checks of non-clinical staff in the meantime risk assessments were in place for them.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure they were enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements. The practice used a locum agency and had a service level agreement in place with the agency.

## Are services safe?

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included monthly checks of medicines and weekly checks of medical emergency equipment. The practice had a health and safety policy and an identified health and safety lead who staff were aware of if they needed to report any concerns. We found that some health and safety risk assessments were in place for example risk assessments for legionella bacteria and infection control. Where risks had been identified control measures were in place to minimise them. However, we found the practice had not carried out a fire risk assessment to identify and mitigate any potential risks to the patients and staff associated with fire.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support and this training had been completed within the last 12 months. Emergency equipment was available including access to oxygen and

an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of this equipment and records we saw confirmed these were checked weekly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest and anaphylaxis. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, the contact details of the relevant gas and electricity companies to contact in the event of a failure.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. NICE guidelines were accessible via the computer system for staff to view and updates were discussed informally between the GPs. All the GPs were up to date with their continual professional development. We found from our discussions with the GPs that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. For example, we reviewed five care plans developed for patients with long-term conditions, these included patients with diabetes, asthma, hypertension and chronic obstructive pulmonary disease (COPD). All these patients had received an annual review of their conditions in line with NICE guidance.

The practice referred patients to secondary care and other community care services in line with national guidance including urgent two week wait referrals for suspected cancer. Data showed that referrals to secondary care for all conditions and accident and emergency attendances were in line with the Clinical Commissioning Group (CCG) average. The practice had met the CCG targets for antibiotic and Non-Steroidal anti-inflammatory drugs prescribing and the practice's antibiotic prescribing was below the national average.

The practice provided effective care to patients with complex needs. Patients identified as having complex needs by the computerised risk tools used by the practice were invited in for a consultation. The GPs developed care plans for these patients when they attended the practice. Care for patients with complex needs was discussed at monthly multidisciplinary team meetings and the meeting minutes we reviewed confirmed this.

The practice provided a new enhanced service (services which require an enhanced level of service provision above what is normally required under the core GP contract) to reduce unnecessary admissions to secondary care of at risk patients. The practice was required to develop care plans for 2% of the practice population aged over 18 years. At the

time of our inspection the practice had 30 care plans in place which met the 2% target. The practice had also developed care plans for 36 patients over 75 years of age and all these patients had a named GP.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

The practice had achieved 90% in their Quality and Outcomes Framework (QOF) performance over the previous year. The QOF is a system to remunerate general practices for providing good quality care to their patients. The QOF covers four domains; clinical, organisational, patient experience and additional services. QOF performance was continuously monitored and areas for improvement identified. For example, the practice had improved its performance in relation to blood pressure checks for patients with hypertension from 43% in December 2013 to 83% in September 2014. The practice had also improved its performance in relation to blood glucose checks for patients with diabetes from 33% in December 2013 to 83% in September 2014.

The practice had carried out prescribing audits and we found the practice had met the Clinical Commissioning Group (CCG) targets for 11 out of 12 medicines audited in the previous year. Where the practice had not met target the practice was taking action to rectify the shortfall. The practice had also reviewed patients taking multiple medicines, 14 patients had been identified and reviewed to reduce the number of medicines they were being prescribed. Other clinical audits the practice had carried out included audits of topical skin treatments and nutritional supplement drinks. However, we found audit cycles were incomplete, in that the audit had not been repeated to assess if performance had improved.

The practice participated in benchmarking and peer review with other practices in the CCG through local network meetings. Topics covered in the network meetings included prescribing, referrals and accident and emergency attendances.



# Are services effective?

(for example, treatment is effective)

## Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as infection control, annual basic life support and safeguarding children and vulnerable adults. A good skills mix was noted amongst practice staff. The practice nurse was a qualified nurse prescriber, the male GP partner had an interest in joint medicine and provided joint injections to patients and the female salaried GP had a special interest in family planning and child and women's health.

All GPs were up-to-date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation). Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council). All staff including locums had completed an induction programme when they started working for the practice. We found all the GPs were registered with the General Medical Council (GMC) and the practice nurse registered with the Nursing and Midwifery Council (NMC).

All staff received an annual appraisal and developed a personal development plan based on identified needs. For example, customer service skills were identified as an area for improvement during appraisal and as a result training had been provided.

## Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hour's providers and the 111 service were received electronically and dealt with in a timely manner.

The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients, for example, those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers and palliative care nurses and were used to review and plan effective care for patients with complex needs.

## Information sharing

The practice had electronic systems to communicate with other health care services and provide staff with the information they needed. An electronic patient record system (EMIS) was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. Procedures were in place to ensure information received electronically such as blood test results and discharge summaries were dealt with within two days. Information was communicated with out of hour's services via fax or by letter including special notes for patients with complex needs.

## Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties under this legislation. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice, for example, when making best interest decisions for those patients who lacked capacity.

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. The practice had six patients with learning disabilities and they had all received an annual health check.

GPs we spoke with had a clear understanding of Gillick competencies to obtain consent from children, (these help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). Written consent was sought for intimate examinations.

## Health promotion and prevention

It was practice policy to offer all new patients registering with the practice a health check with the health care assistant / practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The practice offered NHS Health Checks to all its patients aged 40-75. These were carried out by a health care assistant and referred to the GPs when necessary.

## Are services effective? (for example, treatment is effective)

The practice had identified patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities. There were six patients on the register and all had received annual physical health checks. The practice also kept a register of all patients with dementia. There were three patients on the register and all had received annual reviews.

The practice had identified the smoking status of all its patients over the age of 16 and gave smoking cessation advice during consultations. However, there was no data available on how many patients had received advice and stopped smoking.

The practice performance for cervical smear uptake was 79% in the current year which was in line with the CCG average.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. At the time of our inspection the practice had vaccinated 90% of eligible children which was in line with the CCG average.

The practice referred patients to a local hospital for sexual health services including chlamydia screening.

The practice provided a wide range of information on health issues. This included information on sexual health services, healthy living, smoking and cancer so patients could make informed decisions about their health and lifestyle.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 national GP patient survey and a patient experience survey conducted by the practice. The results of the practice's patient experience survey showed patients were satisfied with how they were treated by practice staff and found them very helpful. Patients said they were happy with the standard of care received and the services provided by the practice. However, this was not reflected in the results of the 2014 national GP patient survey where the practice scored below the CCG average for the reception staff being helpful and the GPs and the nurse treating patients with care and concern. The survey showed that only 46% of respondents would recommend the practice to someone new to the area which was well below the CCG average of 71%. The GP partner told us that the practice was aware of this feedback and had provided training to staff in customer care to improve patient experience.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. Patients told us they were satisfied with the level of privacy

and this was reflected the 2014 national GP patient survey showed the practice scored above the CCG average for satisfaction with the level of privacy when speaking to staff at the reception desk.

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

Patients we spoke with responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. This was reflected in the 2014 national GP patient survey which showed that 77% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care which was in line with the CCG average. However, only 45% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care which was well below the CCG average. The GP partner told us they were aware of this feedback and had recently employed a new nurse to alleviate these concerns.

Staff told us that translation services were available for patients who did not have English as a first language to ensure they could understand treatment options available and give informed consent to care. Staff also spoke a range of languages appropriate to the catchment area. Languages included Arabic, Gujarati, Punjabi and Hindi.

### **Patient/carer support to cope emotionally with care and treatment**

Patients we spoke to said they were happy with the emotional support provided by staff at the practice. They said staff were there to support them. GPs told us that they always telephoned the family of patients who had passed away to offer their support. The practice had a carer support policy and a poster was displayed in the waiting area to encourage carers to register at reception. Carers were signposted to support agencies such as Age Concern to ensure they received the support they needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs. The GP partners had met with commissioners from the CCG to identify the needs of the local population and develop services to meet them. For example, it had been identified that more services were needed to meet the needs of diabetic patients as there was a high prevalence of diabetes in the local population. As a result the practice provided daily appointment slots dedicated to diabetic patients requiring more intensive management. The practice had also recently employed a health care assistant to allow the practice nurse to focus more on diabetic patients. For more complex cases the practice referred patients to a hospital based diabetic service within the CCG run by a consultant and specialist nurse. It had also been identified that the local population needed improved access to primary care services. To meet this need the practice had revised its opening hours and a Hub service was available providing additional appointments for patients when necessary.

The practice team was small and there had been little turnover of staff. The GP partner was in the process of recruiting a new practice manager and had recently recruited a health care assistant. These were measures to strengthen the practice team, provide more services for patients and maintain continuity of care.

The practice had an active patient participation group (PPG) consisting of 7 members. The purpose of the PPG was to represent patients' views. The PPG met on a monthly basis and were involved in carrying out and analysing patient surveys. The practice was looking to increase the size of the PPG and had advertised for new members in the practice reception. The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG). For example, patient's said there were not enough nurse appointments. To increase nurse availability the GP partners had employed a health care assistant and the second health care assistant was training to be a nurse. Patients said they were not satisfied with the practice's opening hours as a result the practice's opening hours had been improved.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, the practice had access to a telephone translation service for patients whose first language was not English. Practice staff also spoke a number of different languages common to the local area including Arabic, Gujarati, Punjabi and Hindi. The practice had a system whereby there was an alert on patient's records if an interpreter was needed during consultations in which case an interpreter was arranged by the reception staff. A poster was displayed at reception so patients were aware that a translation service was available and the practice website could be viewed in 82 different languages.

The practice had an open door policy for homeless patients to ensure their health needs were met. The practice did not provide any services for patients with drug and alcohol problems. These patients were signposted to local drug and alcohol services for support.

The premises and services had been adapted to meet the needs of people with disabilities including ramp access to the practice for people using wheelchairs or mobility scooters, and accessible toilet facilities.

The practice worked with carers to ensure patients with learning disabilities had access to primary care services and extended appointments available for them.

### Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday with extended hours on Fridays to 7.30pm. The results of the 2014 national GP patient survey showed that only 40% of respondents were satisfied with the practice's opening hours which was well below the CCG average of 73%. However, the GP partner told us that the practice's opening hours had recently changed from closing on Wednesday and Thursday afternoons and therefore access had improved. This was reflected by patient's we spoke with who said they were satisfied with the new opening hours.

Appointments were bookable either by telephone, online via the practice website or in person. Patients had to wait up to 10 days for a non-urgent appointment however in an emergency patients could be seen on the same day. Each GP working at the practice had 12 emergency appointment slots per day. Telephone advice and home visits to those patients who were housebound were available. There was

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

a local Hub service where patients could be referred to if appointments were unavailable. The GP partner told us they had not used this service as there were always a sufficient number of appointments available. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. This was provided by the 111 out-of-hour's service and was advertised on the practice website and in the practice information leaflet. The 2014 national GP patient survey showed that 73% of respondents found it easy to get through to this surgery by phone and 88% said the last appointment they got was convenient. These results were in line with CCG averages.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures

were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that there was a complaints leaflet available at reception to help patients understand the complaints system. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had needed to make a complaint since registering with the practice.

The practice made available three complaints received over the previous six months. All three complaints had been recorded, investigated and resolved in line with the practice's complaints policy. There were no outstanding complaints at the time of our inspection.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision and strategy moving forward. The vision was to develop from a small practice to a medium sized practice and deliver high quality care that met patients' needs.

Staff we spoke with were aware of the practice's aims and worked as a team to achieve them. The practice had a succession plan in place. We were told that one GP partner was soon to retire and they would be succeeded by a salaried GP who worked at the practice. The practice was recruiting a practice manager and in the interim the second GP partner was fulfilling this role. A health care assistant had also been recruited to strengthen the practice team and we were told more staff would be recruited in the near future.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at 16 of these policies and found they had been reviewed annually and were up to date. Policies we reviewed were diverse and included dementia screening, safety alerts, vulnerable adults, repeat prescribing, consent to treatment in children and confidentiality.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was discussed at team meetings and measures introduced to maintain or improve outcomes for patients.

The practice participated in a local peer review system with other practices in the locality. Topics discussed included clinical best practice and data such as referrals and prescribing.

### Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example, a GP partner was the lead for information governance and the salaried GP was the lead for safeguarding children and adults and infection control. The GP partner told us that the GPs met weekly to discuss governance issues however meeting minutes were not available for us to review. We

spoke with four members of staff and they were all clear about their own roles and responsibilities. They all told us that they were valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held every two months and were attended by both clinical and non-clinical staff. Topics discussed included patient feedback, staff training needs, complaints, significant events and QOF performance. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. The GP partner told us clinical meetings were held weekly but these meetings were not minuted as the clinical team was small. However, moving forward clinical meetings would be formalised.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies including recruitment, staffing and whistleblowing which were in place to support staff and staff knew how to access them.

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

The practice had gathered feedback from patients through online surveys, questionnaires made available in the waiting room, the PPG and complaints. The practice had developed action plans as a result of feedback and made improvements to the service. For example, patients commented that the practice opening times made it difficult to access the surgery. As a result the practice had increased their opening times to 6.30pm Monday to Thursday with extended hours to 7.30pm on Fridays. Patients said the practice did not have enough nurse appointments. As a result the practice had employed a health care assistant and increased the number of nurse sessions available. Patients said they would like more services on site and more services were now being offered. These included phlebotomy services, ECG, spirometry and six week baby checks. Patients also said that reception staff could be more helpful. To improve patient experience the reception staff had attended customer service training.

The practice had gathered feedback from staff through staff meetings and appraisal. Staff told us they were encouraged to give feedback and discuss any concerns or issues with

# Are services well-led?

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colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. They worked as a small team and supported each other.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff records and saw that

annual appraisals took place which included a personal development plan detailing staff training needs and timelines for completion. Staff told us that the GP partners were supportive of their training.

The practice had completed reviews of significant events and other incidents and shared lessons learnt with staff via meetings to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises  <b>How the regulation was not being met:</b>  People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because in relation to design and layout the provider had no fire risk assessment in place. Regulation 15 (1) (a)