

Sai Medical Centre

Quality Report

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Website: No 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

We carried out a comprehensive inspection at Sai Medical Centre on 14 January 2016. The practice was rated as inadequate overall. Specifically they were rated as requires improvement for safe and responsive, and inadequate for effective, caring and well-led. The practice was placed in special measures for a period of six months.

In particular, on 14 January 2016, we found the following areas of concern:

- Where complaints or significant incidents were raised, an investigation and analysis were undertaken but not shared with staff in a timely manner.
- Risks to staff and patients were not well assessed including the management of medicines and patient safety alerts.
- Recruitment documentation was being inconsistently sought prior to being employed at the practice and written induction programmes were not being undertaken.

- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The practice had not routinely sought feedback from patients.
- The partners at the practice were not aware of some of the issues affecting the practice and needed to provide more visible leadership.

As a result of our findings at this inspection we took enforcement action against the provider and issued them with a warning notice for improvement.

Following the inspection on 14 January 2016 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulations and the warning notices that we issued.

We carried out a further comprehensive inspection at Sai Medical Centre on 11 October 2016 to check whether the practice had made the required improvements. We found that all of the improvements had been made.

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

Summary of findings

- Staff were aware of their responsibilities regarding safety, and the reporting and recording of significant events. There were policies and procedures in place to support this. Any learning identified was shared with staff.
- The practice assessed risks to patients and staff and there were systems in place to manage them.
- Where patients were prescribed medicines requiring monitoring we found that the system in place was effective. There was a system in place for clinical staff to receive, action and disseminate patient and medicine safety alerts.
- The practice had a defibrillator and oxygen. There was a system in place to check that equipment was in working order and medicines had not expired.
- There was no risk assessment to assess whether the practice held stock of appropriate medicines on the premises in the event of a medical emergency.
- A risk assessment for the Control of Substances Hazardous to Health (COSHH) had been completed and details of chemicals used were kept in a folder accessible to staff.
- We found although no new staff had been employed since our previous inspection, the provider had an effective recruitment procedure in place.
- The practice business continuity plan enabled staff to take action in the event of a loss of utilities or premises.
- Staff had received training in their computer system to be able to accurately code patients' diagnoses and other relevant information.
- We saw evidence of audits that demonstrated improvements in patient outcomes, and there was a timetabled audit scheduled for the year.
- Views of patients from comments card and those we spoke with during the inspection were mostly positive. The majority of patients said they were treated with dignity and respect, and they were involved in their care and decisions about their treatment.
- The practice had discovered that the GP survey was using two sources of data for their practice and with the support of the local CCG was trying to resolve this

as it affected their GP survey scores. The PPG had undertaken an independent survey using the questions from the GP survey to gain a more accurate picture and had seen positive results.

- Complaints were investigated appropriately and in a timely manner and learning was shared with all staff.
- The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from CQC, the local Clinical Commissioning group (CCG) and its own staff.
- The meeting structure had been reviewed so that all staff were aware of the performance of the practice and any issues affecting the patients. Minutes were available for staff to view.
- There was now a strong management and staff team structure. The practice manager and two partners worked as a team to ensure that the performance of the practice was maintained and improved.
- Staff told us they felt supported and involved in the development of the practice.
- The culture of the practice was friendly, open and honest. It was evident that the practice complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Complete a risk assessment of the emergency medicines that need to be kept onsite.
- Ensure that the fridge thermometer is reset according to manufacturer's guidance.
- Ensure that issues identified from infection control audits are clearly documented and actioned in a timely manner.
- Improve the identification of patients who are carers.
- Review their exception reporting to ensure it is accurate.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 good for providing safe services.

Good



- Staff were aware of and could explain their role and responsibilities in reporting and recording of significant events. They told us, and we found evidence to show, that following investigation of any incidents the outcome was shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- There was no glucagon in the emergency medicines and no risk assessment to assess the risk of not having this available onsite.
- When things went wrong involving patients, appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information as well as a written apology. They were also informed of any actions taken to prevent reoccurrence of the incident.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.
- There were systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these. Where potential risks were identified on the day of our inspection these were immediately investigated to determine what action was required.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were comparable or higher than the CCG and national averages. For example, performance for diabetes related indicators was in line with or above the CCG and national average.
- Staff had received training in their computer system to be able to accurately code patients' diagnoses and other relevant information in order for outcomes to be correctly reported via QOF.
- Staff had access to the latest clinical guidelines and best practice guidance and used these to assess and deliver patient care.

Summary of findings

- Clinical staff used a range of measures to ensure they had the skills, knowledge and experience to provide effective care.
- We found all staff had received an appraisal and had a personal development plan.
- The practice completed audits which were relevant to the service and demonstrated quality improvement.
- Staff had opportunities for career progression and ongoing learning.
- The practice had positive working relationships with other health and social care staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Five out of eight patients that we spoke with during the inspection told us that they felt treated with dignity and respect by staff and that staff were good. They felt involved in decisions about their care. These views were backed up by responses on 44 of the 45 comments cards we received.
- We saw that staff treated patients with dignity, respect and kindness.
- The practice had identified 43 patients who were carers. They had found that several of their older patients' carers were registered at other practices.
- We saw that some information for patients was available in another language, and others could be made available in different languages or formats.
- The practice had discovered that the National GP Survey used two sources of data for the practice and was being supported by their CCG to resolve this.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice was aware of the current and potential future needs of its patient population and was consulting with Clinical Commissioning Group and the local council to secure improvements to services where these were identified. For example, they were looking to purchase more land to extend the practice in order to have space to house equipment so that more tests and investigations could be completed onsite.
- The latest GP survey, published in July 2016, showed the practice was rated higher than the CCG and national average with regards to satisfaction with opening hours and making an appointment generally.

Summary of findings

- Most patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had accessible facilities and was suitable for breast feeding mothers. There were facilities for those with babies and young children.
- Information on how to complain was clearly displayed in the waiting area and in the practice leaflet. Complaints were responded to appropriately and lessons learned.

Are services well-led?

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

- There was a clear leadership structure in place.
- The governance systems in place had been strengthened.
- The practice had an effective system in place for monitoring and assessing the quality of services provided through quality improvement activities.
- Staff felt able to raise concerns and also give suggestions for improvements to the running and development of the practice.
- The practice had policies and procedures in place, which were relevant to the practice, regularly reviewed and updated as required.
- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour when investigating and reporting on these incidents.
- The practice sought feedback from staff and patients, which it acted on. There was a newly restarted patient participation group to provide a 'critical friend' for the practice, which had representation from several of the population groups.

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.

Good



- All older patients had a named GP.
- Those patients unable to come to the practice, for example, due to being housebound, were able to access home visits from the GP.
- The practice proactively looked at their register of older people to assess which patients would always require a home visit.
- The practice saw patients opportunistically for checks and vaccinations to avoid the patient having to re-attend another day.
- Other professionals told us that the practice have positive working relationships with the care homes and community matrons.

People with long term conditions

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

Good



- Both GPs and the practice nurse took the lead in reviews and management of patients with long term conditions. The practice nurse was encouraged to carry out checks on an opportunistic basis to avoid patients having to re-attend another day.
- The practice performance for diabetes indicators was in line with and for some indicators higher than the CCG and national averages. For example, the number of patients who had received a foot examination and risk classification was higher than the CCG and national average.
- If patients required a longer appointment due to complex needs or multiple medical conditions this was available. Housebound patients could also request a home visit.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Summary of findings

- Immunisation rates were lower or in line with CCG and national averages for most standard childhood immunisations.
- Due to opening hours appointments were available outside of school hours.
- The premises were suitable for children and babies.
- Young people attended the patient participation group meetings to put their viewpoint across.
- There was a children's sit and wait service if all appointments were booked.

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 offered extended hours on a Tuesday evening.
- Prescriptions were sent electronically to the patients preferred chemist.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- The percentage of women aged 25-64 who have had a cervical screening test in the past 5 years was lower than the CCG and national average.

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.

- The practice was aware of those patients on their register who lived in vulnerable circumstances.
- If patients required a longer appointment due to complex needs or multiple medical conditions this was available.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. Staff knew how to recognise signs of abuse in vulnerable adults and children.
- The practice had identified 43 patients as carers (0.8% of the practice list).

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 (including people with dementia).

Good



Summary of findings

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national average.
- The practice performance for mental health indicators was lower than the CCG and national average. This was due to the very low numbers of patients affecting the data.
- For some mental health indicators the practice exception reporting was high compared to the local and national averages (The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- There was information in the waiting area to sign post patients experiencing poor mental health to various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice supported patients through the transition from adolescent to adult services.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice had mixed performance results compared with CCG and national averages. 360 survey forms were distributed and 70 were returned. This represented a 19% completion rate.

- 81% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 66% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards, 42 of which were all positive about the standard of care received. People told us that they were listened too, treated with respect by helpful and caring staff. They told us the premises were clean and hygienic. Three other comments cards said that the practice was good but told us about areas they felt could be improved for them. These were - being able to make an appointment more than a week in advance, use of simple language when explaining things to children and a negative experience with a long wait for a nurse. The final comment card related to the ability to get a same day appointment.

We spoke with eight patients during the inspection. Five patients said they were satisfied with the care they received, that it was easy to make an appointment and that staff were good. Three patients told us aspects of the service were good but they had had issues with attitude of some staff members.

Areas for improvement

Action the service **SHOULD** take to improve

- Complete a risk assessment of the emergency medicines that need to be kept onsite.
- Ensure that the fridge thermometer is reset according to manufacturer's guidance.
- Ensure that issues identified from infection control audits are clearly documented and actioned in a timely manner.
- Improve the identification of patients who are carers.
- Review their exception reporting to ensure it is accurate.

Sai Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Sai Medical Centre

The Sai Medical Centre is located in Tilbury, Essex. There is limited parking at the rear of the practice and it is situated close to local bus routes and a main line train station.

The practice has a general medical services (GMS) contract with the NHS. There are approximately 5600 patients registered at the practice. The practice took on the patients from another practice nearby which closed in May 2015 and this has doubled their patient population.

The practice is registered with the Care Quality Commission as a partnership and there are two GP partners. There is one male and one female GPs. There is one regular female locum GP used by the practice. The GPs are supported by a practice nurse.

There is a practice manager, a senior receptionist and two receptionists. They all have shared roles including administrative functions.

The practice is open from Monday to Friday between the hours of 8am and 6.30pm and 7.30pm on a Tuesday. The practice remains open at lunchtime throughout the week for the collection of prescriptions and for making appointments.

The GP surgeries are available on Monday to Friday mornings between 9am and 12 noon and each afternoon

between 4pm and 5.50pm with some minor variations. There is a late evening surgery on a Tuesday until 7.30pm. Patients from the practice can access weekend appointments with a GP or nurse through a local arrangement that is shared between different practices covering a rota. These appointments are pre-bookable only. These are available both Saturday and Sundays during the hours of 9am to 12 noon.

When the practice is closed primary medical services can be obtained from the out of hour's provider, Integrated Care 24 via the non-emergency 111 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. The practice had previously been inspected on 14 January 2016 and placed in special measures when we issued enforcement action. The latest inspection was planned to check whether the provider was 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. The practice had provided us with an

Detailed findings

action plan which outlined the work and actions they would take to comply with the regulation breaches stated in the requirement and warning notices we had given them.

We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients and their family or carers.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a sample of the treatment records of patients.

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

- Is it safe?
- Is it effective?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

What we found at our previous inspection

Reviews and investigations of significant incidents were conducted informally and learning was not shared with staff in a timely manner. There was no audit trail to reflect that improvements had been actioned. Recruitment procedures were not being consistently followed in relation to the obtaining of appropriate documentation, including disclosure and barring service checks and references. There was no system in place to record that checks on emergency medicines and equipment were being made. A risk assessment of the cleaning substances used in the workplace had not been undertaken. Patients requiring repeat prescriptions for blood thinning medicines were not receiving appropriate blood monitoring to ensure it was safe to continue using the prescribed medicine.

Safe track record and learning

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

- We asked staff to explain the process of reporting significant events to us. They told us that they would inform one of the management staff, either one of the GP partners or the practice manager, and then complete a significant incident form. All significant events were discussed at the next clinical meeting and at weekly practice meetings to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient: a thorough investigation was completed, the patient was informed of the incident, given information and appropriate support. A verbal apology was given which outlined any actions taken to prevent the same thing happening again, and patients' asked if they would like written confirmation of the outcome.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident related to diabetic medicine. The practice reviewed their policies following the incident and changed their protocol for areas to include on a diabetic review.

- We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and minutes of meetings where these were discussed. The practice told us that the alerts were received by the lead GP who decided what action needed to be taken. We found that any required action had been taken by the GPs, for example, a review of affected patients and potential changes to a patient's prescription. We saw evidence to support this.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe.

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and Thurrock council requirements. Staff were aware of their responsibilities regarding this. One of the GP partners took the lead role for safeguarding adults and the other for safeguarding children although staff could approach either with concerns. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended. Safeguarding was also on the practice agenda for clinical meetings and practice staff meetings.
- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There was a notice in the waiting room advising patients that a chaperone was available for intimate examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The policy for chaperoning highlighted to staff that male patients may require a male chaperone for certain procedures and outlined which circumstances it would be appropriate for staff to offer a male chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

Are services safe?

be clean and tidy. The practice nurse was the infection control clinical lead who attended local training and used online resources to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Although the documentation of the actions required and follow up could have been improved for clarity.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We found that although the temperatures on the fridge containing vaccines had been checked twice a day, the fridge thermometer had not been reset each time therefore the reading was inaccurate. After we discovered this the practice immediately contacted the vaccine manufacturers to determine if this would affect any vaccines used in the last six months and were told the stock would be safe to use.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There were no new staff employed since our last inspection of this practice however the practice had employed an external agency to ensure that they were completing appropriate recruitment checks prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that there was a master list showing all staff and the contents of their personnel file. The practice manager

used this to ensure that clinical staff professional registration and immunity status was checked at appropriate intervals. This list included locum staff used by the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed. The practice had systems in place to assess and monitor risks to staff and patients.

- There was a contract in place with an external company to check that all clinical and electrical equipment was safe to use and working properly.
- There were risk assessments in place for infection control, health and safety, fire, control of substances hazardous to health (COSHH) and Legionella testing, as well as regular fire drills. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The COSHH risk assessment containing details of chemicals used were kept in a folder accessible to all staff.
- The practice had a rota system to ensure there were sufficient staff with an appropriate skill mix, and staffing levels were determined by practice manager. In case of staff absence gaps were often covered internally.

Arrangements to deal with emergencies and major incidents

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

- There was an alert button on the computers in all of the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises. Oxygen was in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place. There was one emergency medicine, Glucagon, used to treat excessively low blood sugar that the practice did not have onsite however they had spoken with a local pharmacy across the road from the site which kept levels of stock that they could access.

Are services safe?

- The practice had a business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact telephone numbers for relevant utilities and staff.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection

There were no systems in place to ensure staff were aware of and following changes to guidelines from National Institute for Health and Care (NICE). Data from Quality and outcomes framework (QOF) had shown some patient outcomes were low compared to the CCG and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice). Staff had not received training to accurately code the diagnosis of patients. There was a lack of audits to drive improvements.

Effective needs assessment

Staff had access to guidelines from National Institute for Health and Care and online resources and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework and performance against national screening programmes to monitor outcomes for patients. The most recent published results, from 2015 to 2016, indicated the practice achieved 91% of the total number of points available compared with the CCG average of 94% and the national average of 95%.

Data from 2015 to 2016 showed:

- Performance for diabetes related indicators was in line or above the CCG and national average. For example, the percentage of patients with a record of an annual foot examination and risk classification was 94% compared to the CCG average of 85% and the national average of 89%. The practice had a 13% exception reporting rate which was higher than the CCG average of 5% and in line with the national average of 8%. (The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.) The practice showed us information relating to this indicator which demonstrated that the data was due to a coding error by the examining doctor.

- Performance for mental health related indicators was higher than the CCG and national average. For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 100% compared to a CCG average of 86% and national average of 89%. The practice had a 42% exception reporting rate which was much higher than the CCG average of 10% and in line with the national average of 13%. We discussed the high exception reporting and were shown that the system was automatically exception reporting a large number of patients.

There was evidence of quality improvement activity including clinical audit:

- There was a timetabled audit schedule for the year. We viewed two audits where two cycles had been completed (audited and re audited - this is deemed as a complete audit). We also saw audits relating to patient safety alerts and a diabetic audit.
- We found that changes were made to policies and procedures as a result of audit outcomes and improved outcomes for patients were evidenced by the completed audits.
- The practice participated in local and national benchmarking.

Effective staffing

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

- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- 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, as well as opportunities for career progression. This included ongoing support, informal one-to-one meetings, mentoring and support for revalidating GPs. All staff we spoke with had received an appraisal. We saw evidence to support that all staff had received appraisals and had a personal development plan which was a result of a two way discussion.

Are services effective?

(for example, treatment is effective)

- Staff had received training in their computer system to be able to accurately code patients' diagnoses and other relevant information. (The impact of this would be likely to be seen in the 2016-2017 data collection).

Coordinating patient care and information sharing

Staff had access to information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. The practice used a different computer system to other health professionals, however the multi-disciplinary teams had found ways to work so that coordinated patient care was not affected. Staff liaised with other professionals on outside of these meetings too.

Other health professionals told us that the practice was good at raising issues and responsive when action was required. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community nurses. When the multi-disciplinary teams met the practice provided a networking opportunity afterwards.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- Staff were able to give us examples that showed that when providing care and treatment for children and young people, they carried out assessments of capacity to consent in line with current relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinical staff assessed the patient's capacity and documented this appropriately.

Supporting patients to live healthier lives

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

- The practice referred those requiring smoking cessation and weight management sessions to an external provider.
- The practice supported patients with diabetes who observed Ramadan.
- Patients requiring exercise programmes were referred to the local gym.
- Smoking cessation was also available by members of the practice team.

The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 80% and the national average of 82%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 57% for the practice, compared to 60% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 76% for the practice, compared to 75% average for the CCG and 72% national average.

The amount of patients with a diagnosis of cancer on the practice register was 0.7% lower than the CCG average and 1.2% lower than the national average.

Childhood immunisation rates for the vaccinations given were in line with than CCG and national averages for 12 month old and 5 year old immunisations, but lower for 2 year old immunisations.

For example,

Are services effective?

(for example, treatment is effective)

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 88% compared to the CCG percentage of 95% and the national average of 93%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 82% compared to the CCG percentage of 93% and the national average of 91%.

- The percentage of childhood Meningitis C vaccinations given to under five year olds was 89% compared to the CCG percentage of 96% and the national average of 83%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

Are services caring?

Our findings

What we found at our previous inspection

No action had been taken to address the low scores in the July 2015 and January 2016 National GP Patient Survey.

Kindness, dignity, respect and compassion

We observed members of staff were polite to patients and treated them with kindness, dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We saw that a private area could be offered if patients wanted to discuss issues privately. Staff could also use this area if patients appeared distressed.

44 of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. People told us via the comments cards that they were listened too and treated with respect by helpful and caring staff. Patients said they felt the practice offered an good service.

We spoke with eight patients, including two members of the patient participation group (PPG), who were mostly positive about the service experience and felt treated with dignity and respect. Three patients we spoke with were positive regarding the attitude of reception staff and practice manager, however were unhappy with their experience of the GPs. They told us that their concerns were being investigated by the practice.

The practice had discovered that the national GP patient survey was using two sources of data for their practice and one of them was incorrect and with the support of the local CCG was trying to resolve this as it affected their GP survey scores. Although some areas of the data were low, due to the anomaly with the separate data sources, we cannot rely on the accuracy of it.

The PPG had undertaken an independent survey using the questions from the GP survey to gain a more accurate picture and had seen positive results. For example, 94% of

patients who completed the survey said that staff were either good or very good at listening to them. Patients were asked to complete a survey when they attended to see a doctor or a nurse. The survey was carried out over one day.

Care planning and involvement in decisions about care and treatment

The majority of patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. Nine of the comments cards specifically mentioned that patients felt they were being listened to.

The results from the PPG survey showed that the majority of patients surveyed felt the clinician they saw was good at explaining tests and involved them in decisions about their care.

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

- Translation services were available via telephone.
- There was a portable hearing loop available.
- Leaflets could be made available in a variety of different languages and formats.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of local and national support groups and organisations. For example, carer support agencies.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers (0.8% of the practice list). They had found that several of their older patients' carers were registered at other practices. Carers had access to flu vaccinations, receptionists would try to prioritise carers if they rang for an appointment. Carers were also offered health checks and support in accessing services.

The recent survey carried out by the patient participation group (PPG) showed that some carers had not made themselves known to the practice. The practice had a carer identification and referral form for patients to complete.

Are services caring?

The form requested permission to refer the patient to social services for a carer's assessment, and to pass details onto a countywide carer's organisation for their support and information.

Staff told us that if families had suffered bereavement support was offered if the family would like it. This may take the form of a call, a patient consultation or by giving them advice on how to find an appropriate bereavement support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection

There was no evidence that learning from complaints was shared with staff. Where complaints were serious enough to need investigating as a significant event this had not been identified nor had appropriate action been taken. The data from the January 2016 National GP Patient Survey reflected that patients were not satisfied with being able to get an appointment or speaking to someone the last time they contacted the practice. The practice had not conducted their own survey to establish a wider view of patient satisfaction and they had not taken any action in response to the data from the national GP patient survey in July 2015.

Responding to and meeting people's needs

The practice reviewed the current and potential future needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) and the local council to discuss, plan and secure improvements to services where these were identified. For example, they were looking to purchase more land to extend the practice in order to have space to house equipment so that more tests and investigations could be completed onsite, as the nearest hospitals were difficult for some patients to access.

- The practice offered extended hours to 7.30pm every Tuesday (except the second in the month) for working patients and others who would be unable to attend during core hours.
- There were longer appointments available for those who required them.
- 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. If all appointments were taken then a children's' sit and wait service if all appointments were booked.
- Prescriptions were sent electronically to the patients preferred chemist.
- Patients were able to receive travel vaccinations available on the NHS.

- There were disabled facilities, a portable hearing loop and translation services available via telephone.
- Staff told us that the practice would prescribe medications in a non-gelatine capsule if this was required due to faith, diet or preference.
- The practice provided in house spirometry to avoid patients needing to travel to have this test completed.
- The practice supported patients through the transition from adolescent mental health service to adult mental health services.
- The practice tried to catch patients opportunistically for checks and vaccinations to avoid the patient having to re-attend another day.
- Both GPs and the practice nurse took the lead in reviews and management of patients with long term conditions. The practice nurse was encouraged to carry out checks on an opportunistic basis to avoid patients having to re-attend another day.

Access to the service

The practice was open from Monday to Friday (except Tuesdays) between the hours of 8am and 6.30pm and 8am to 7.30pm on a Tuesday. The practice remained open at lunchtime throughout the week for the collection of prescriptions and for making appointments.

The GP surgeries were available on Monday to Friday mornings between 9am and 12 noon and each afternoon between 4pm and 5.50pm with some minor variations. There was a late evening surgery on a Tuesday until 7.30pm.

The results from the patient participation group (PPG) survey of patient attending the GP practice over one day showed that 56% of patients had found it easy to get an appointment when they needed it. 40% of patients said they found it 'okay' to get an appointment when they needed it. 4% of patients said they found it difficult or very difficult to get an appointment when they needed it. 33% of patients surveyed had asked to see a specific doctor or nurse. All 100% had seen their preferred doctor or nurse.

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

The practice had a system in place to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

The lead GP triaged the requests, rang the patients and then, if appropriate, would arrange a time to conduct the home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice, with clinical input from the GP.
- We saw that information was available to help patients understand the complaints system both on the website and within the practice building. Information was clearly displayed in the waiting area and in the practice leaflet.

We looked at the complaints received in the last 12 months and reviewed four in detail. We found that the complaints were fully investigated and an open and honest explanation given to the complainant. One complaint showed that the practice had discussed it at the next practice meeting in order for learning to be shared.

We spoke with the practice manager regarding the handling of verbal complaints, they told us that the patient would be invited into the practice to discuss their concerns and a verbal apology given. The patient was also asked if they would like the outcome in writing, an example was given of a situation where a patient was given an incorrect prescription.

We found that if a patient expressed dissatisfaction with the service provided during a consultation they were offered the opportunity to speak with the practice manager immediately in order to try to resolve the problem.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection

The practice did not have a clear vision and strategy. Those in management roles had a lack of knowledge about the issues affecting the practice and had taken insufficient action to improve them or share them with staff working at the practice. Although the practice were aware of performance and audit issues, there was no direction from the partners to address these and no evidence to identify they had been addressed. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings. Records of these meetings lacked sufficient detail. Staff feedback was not recorded. The staff meeting structure did not include all

staff and issues such as significant events and complaints were not being discussed in a timely manner. Staff told us they had not received regular practice performance updates and were unaware of the patient satisfaction rates about the services provided. The policy for recruitment and training was being followed. The practice did not provide any evidence to suggest that there was an ethos of continuous learning.

Vision and strategy

The practice had a clear vision to provide as much comprehensive care locally to their patients as possible. They felt that maintaining and improving good health was as important as treating illness. Both the partners and the other staff were clear that they wanted to make access to services as streamlined as possible to reduce the number of times a patient with multiple health issues needed to attend the practice.

Governance arrangements

We found that the governance systems in place had been strengthened since our last inspection. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing and leadership structure in place. Staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- Staff were made aware of the practice performance and other issues, such as significant incidents and

complaints, through meetings where these were discussed. These meetings were minuted so staff could read them if they had been unable to attend or needed to re-cap what had been discussed.

- The practice had an effective system in place for monitoring and assessing the quality of services provided through quality improvement. The practice compared local and national data against their own performance and were aware of their ongoing performance against national targets. The practice used a variety of different methods to maintain and improve the standard of care provided to patients, including audits and benchmarking.
- There were practice specific policies which were implemented, updated and were available to all staff.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions.

Leadership and culture

There was now a strong management and staff team structure. The practice manager and two partners worked as a team to ensure that the performance of the practice was maintained and improved. The culture of the practice was friendly, open and honest.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). It was evident during our inspection that the practice complied with the requirements of the duty of candour.

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

- The practice completed a thorough investigation.
- The practice gave affected people reasonable support, information and a verbal or written apology, depending on the circumstances.
- The practice kept records of verbal contacts and written correspondence.

There was a clear leadership structure in place:

- Staff told us that they felt supported by management.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us they had the opportunity to raise any issues both at meetings and outside of these and that action would be taken to resolve these concerns.

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

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

- The practice had reformed their lapsed patient participation group (PPG) in order to gather feedback from them. The PPG provided a 'critical friend' for the practice and had representation from several of the population groups. One member that we spoke with said meeting were led by the PPG, with the practice attending. The PPG had completed a patient survey following our previous inspection, based on the questions asked in the GP Survey. Feedback from the survey was positive on the service provided by the staff and practice.

- The practice gathered feedback from staff through staff meetings and informal conversations. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt able to make suggestions for ways to improve the quality of care and that these, where possible, would be acted upon.

It was evident that the practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from CQC, the local Clinical Commissioning group (CCG) and its own staff.

Continuous improvement

The practice was aware that it still had room to continue to improve the care that it offered to patients and was considering ways to bring service to their patients to avoid them having to travel.