

Dr Satish Kumar Dhamija

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Satish Kumar Dhamija on 30 September 2016. This inspection was in response to our previous comprehensive inspection at the practice on 3 December 2015 where breaches of the Health and Social Care Act 2008 were identified. Previously the practice rated as inadequate overall, placed into special measures and we issued requirement notices to inform the practice where improvements were needed. The practice subsequently submitted an action plan to CQC detailing the measures they would take in response to our findings. The identified breaches found at the previous comprehensive inspection on 3 December 2015 related to the regulations Safe care and treatment; Good governance and Fit and proper persons employed. At our inspection on 30 September 2016 we found that the practice had made significant improvements. The requirement notices we issued following our previous inspection had both been met. The practice is now rated as requires improvement overall.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Blank prescription forms were not securely stored, nor was there a system in place to track these within the practice.
- The treatment room containing a vaccination refrigerator was not locked we also found that the lock for the fridge contained the key.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management, however further improvements are still needed to ensure leadership and governance is sustained.
- The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure the proper and safe management of vaccinations to prevent unauthorised access.

The areas where the provider should make improvement are:

- Review arrangements for the security of prescription stationery.
- Ensure a consistent approach in the process and the frequency of defibrillator checks.
- Ensure the practice conducts monthly audits of vaccinations and conducts regular stock checks.
- Review processes for the dissemination and accessibility of Patient Group Directions.
- Review staff files to ensure personnel files contain evidence of appropriate identification checks
- Review its processes to identify all the carers on the practice's patient list.
- Review its processes concerning contact with bereaved patients.
- Review governance and leadership processes to ensure sustained improvement.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- However, blank prescription forms were not securely stored, nor was there a system in place to track these within the practice.
- The treatment room containing a vaccination refrigerator was not locked we also found that the lock for the fridge contained the key.
- There was no documented weekly stock check of vaccines or any evidence of a monthly audit.
- The practice later informed us that they had implemented a process to ensure the security of the refrigerator and begun audit processes for vaccines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff had received an appraisal although we could see that staff had appraisals scheduled in forthcoming months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

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

- Data from the national GP patient survey continued to show patients rated the practice lower than others for some aspects of care, although it is acknowledged that improvements had been made during the previous year.
- Patients we spoke with and comment cards we received said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice now had a “carer’s corner” in reception with a number of sources of information, although despite the “carer’s corner” only a further three carers had been identified.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people’s needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had developed a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Requires improvement



Summary of findings

- There was now a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, many of these systems had been implemented following the previous inspection. ,
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept up to date registers of patient's health conditions and data reported nationally was that outcomes were comparable to that of other practices for conditions commonly found in older people.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average. For example; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 81% of female patients aged 25-64 attended cervical screening within the target period compared with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

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

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was higher than the Clinical Commissioning Group (CCG) average of 82% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had understanding of how to support patients with mental health needs and dementia however; exception reporting in this area was above both CCG and national averages by between 10.3% and 21.5%.

Requires improvement



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 was performing below local and national averages; however these results showed improvement when compared to the same period in 2015. 351 survey forms were distributed and 90 were returned. This represented 4% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 60% and the national average of 73%.
- 86% 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 81% and the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 58% 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 74% 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 37 comment cards which were all positive about the standard of care received. People said that the staff were "caring and polite. Some people did however state they had issues getting an appointment.

We spoke with 11 patients during the inspection. The majority of patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, however one person felt that their views were not considered during consultation.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the proper and safe management of vaccinations to prevent unauthorised access.

Action the service **SHOULD** take to improve

- Review arrangements for the security of prescription stationery.
- Ensure a consistent approach in the process and the frequency of defibrillator checks.
- Ensure the practice conducts monthly audits of vaccinations and conducts regular stock checks.

- Review processes for the dissemination and accessibility of Patient Group Directions.
- Review staff files to ensure personnel files contain evidence of appropriate identification checks
- Review its processes to identify all the carers on the practice's patient list.
- Review its processes concerning contact with bereaved patients.
- Review governance and leadership processes to ensure sustained improvement.

Dr Satish Kumar Dhamija

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Satish Kumar Dhamija

Dr Satish Kumar Dhamija's practice also known as Lea Village Medical Centre provides primary care services and to its registered list of approximately 2340 patients. The practice is situated and the inspection was conducted at 98-100 Lea Village, Kitts Green, Birmingham, West Midlands, B33 9SD. The practice catchment area is classed as within the group of the most deprived areas in England relative to other local authorities. For example, income deprivation affecting children was 43% compared to the national average of 20%.

On 1 September 2016 Lea Village Medical Centre began joint working with another nearby practice. The practice itself has one male GP but shares three additional GPs, including one female GP with the nearby practice. There is also a female practice nurse, a practice manager, a senior administrator, a practice secretary and three reception staff. The practice is open between 9am and 6.55pm Monday to Friday except for Thursday afternoons when the practice closes at 1.30pm. Appointments take place from 9.30am to 12.30pm every morning and 2pm to 6pm daily.

The practice is located on two floors, the ground floor contains reception, waiting areas, consulting rooms and

treatment rooms, whilst the first floor is used for administration offices. There is step free access into the building and access for those in wheelchairs or with pushchairs.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. The practice employs the use of the Birmingham and District General Practitioner Emergency Room group (Badger) to provide this out-of-hours service to patients.

Why we carried out this inspection

The practice was first inspected on 01 November 2013 under the previous inspection methodology which identified three breaches:

- Care and treatment was not always planned and delivered in a way that was intended to ensure patient's safety and welfare. Arrangements in place for dealing with medical emergencies were inadequate and were not in line with national guidance.
- Systems in place did not ensure patients were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks of people's character and experience were not undertaken or could not be evidenced.
- The provider did not have effective systems in place to regularly assess and monitor the quality of service that patients receive. Patient's views were not actively sought and regular audits were not undertaken to ensure the safety and quality of the service patients received.

Detailed findings

The practice was then re-inspected for the above breaches on 13 May 2014 under the previous inspection methodology. This inspection found that the practice had still not made sufficient improvements with regards to two of the three previously identified breaches. These breaches related to unsatisfactory practice recruitment processes, inadequate assessment and monitoring of service quality for example through audits and not proactively seeking patient views.

The practice was re-inspected for a third time on 21 August 2014 under the previous inspection methodology with regards to the above ongoing breaches and was found to have met standards required.

On 3 December 2015 we inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

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 was subsequently rated as “Inadequate” identifying breaches of regulation in: Safe care and treatment; Good governance and Fit and proper persons employed.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 September 2016. During our visit we:

- Spoke with a range of staff including the lead GP, the practice manager, the assistant practice manager, the practice nurse, reception staff and spoke with 11 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice’s policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

At the previous inspection it was found that there was a system in place for reporting and recording significant events, however although the practice had carried out some analysis of significant events, opportunities for learning had not been fully utilised.

During this inspection it was found that there was a system in place for reporting and recording significant events and noted that three significant events had taken place during 2016.

- Staff explained that they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice now held meetings monthly. During which all staff were present, any person who was not able to attend the meeting was provided with a copy of the meeting minutes.
- We reviewed meeting minutes for June 2016, August 2016 and September 2016 and found that significant events had been discussed amongst the practice team. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had improved in its analysis of the significant events, we reviewed each significant event during 2016 and found that the process and actions taken had been appropriate. .

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a travel vaccine had been ordered by the practice nurse, upon delivery the vaccine was accepted by reception staff and placed on the nurses desk for her

attention. The vaccine was "live" and should have been refrigerated. It was found that there had been a lack of communication between pharmacy and reception staff. As a result the practice introduced a procedure to ensure that all reception staff clarify if vaccines require immediate refrigeration.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the practice nurse had also received level three training.
- A notice in the waiting room advised patients that chaperones were available if required. This however was not located in a prominent place and we found that the room used by the practice nurse did not have a similar notice advising patients. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager acted as the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. We saw that the practice had received an infection control audit from the CCG infection control team, scoring 97%. There was an infection control protocol in

Are services safe?

place and staff had received up to date training. Annual infection control audits had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing emergency medicines in the practice kept patients safe. Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice had recently carried out a medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms were not securely stored, these were kept in printers. Whilst the practice made a record of the serial numbers upon delivery to the practice it did not have processes in place to ensure they were managed and secured appropriately. The practice later informed us that they had put arrangements in place to track prescriptions within the practice. We also noted on the day of inspection that the prescription pad used by the GP was not stored securely, but this was changed on the day.
- During the inspection we found that the treatment room containing a vaccination refrigerator was not locked we also found that the lock for the fridge contained the key. We noted that the room was left unlocked after the practice nurse had left for the day whilst patients continued to wait for their appointments. This meant that patients could have uncontrolled access to both the treatment room and the refrigerator. We also found that there was no documented weekly stock check of vaccines or any evidence of a monthly audit. The practice later informed us that they had implemented a process to ensure the security of the refrigerator and begun audit processes for vaccines.
- Patient Group Directions (PGD) (PGDs allow specified health professionals to supply and / or administer a medicine directly to a patient with an identified clinical condition without the need for a prescription or an instruction from a prescriber. The health professional working within the PGD is responsible for assessing that the patient fits the criteria set out in the PGD.) had been adopted by the practice to allow nurses to administer medicines in line with legislation. On the day of the inspection we found that the practice nurse could only

access two PGDs, when this was raised with the practice a further four were located in the GPs room. The practice later informed us that PGD folder was now in place and kept in the nurse's room.

Systems for recruitment arrangements had been developed. We reviewed six personnel files and found recruitment checks had been undertaken prior to employment. We did however note that proof of identification was not in place for two members of staff. We viewed an audit of staff files, but a check for proof of identification was not part of the audit. The practice later informed us that since the inspection, the identification information had been added to the files.

Monitoring risks to patients

At the previous inspection it was found that some risks to patients had not been assessed or well managed, in that procedures were not in place for monitoring and managing risks to patient and staff safety.

- During the last inspection risks to patients were not effectively managed. We found that the practice now had procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives and a current health and safety risk assessment. The practice now had up to date fire risk assessments and had carried out recent fire drills. All electrical equipment had now been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Are services safe?

At the previous inspection it was found that the practice had some arrangements in place to respond to emergencies and major incidents.

- We found that the practice now had an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We noted that the practice now checked the defibrillator on a daily basis, however we did note that daily checks had not been made during the week commencing 12

September 2016 where the only check had been on 12 September 2016 when the "status light" had been noted as being green. All other checks had not been completed. The defibrillator manufacturer recommends a monthly check of the defibrillator. However, we found the practice was carrying out checks more frequently and the frequency of checks was inconsistent.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Since the last inspection the practice had developed a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 8% exception reporting, this was in line with the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- Performance for diabetes related indicators was above the national average. For example Exception reporting was in line with the CCG and national averages.
- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 83% compared to the CCG average of 75% and the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average (practice average of 87% compared to a national average of 84%).

- Performance for mental health related indicators was above the national average (practice average of 100% compared to a national average of 89%). However the exception reporting in this area was above both CCG and national averages by between 10.3% and 21.5%.

The previous inspection had found that there were two areas where the practice was an outlier for QOF (or other national) clinical targets;

- There was a very large variation in the average daily quantity of hypnotics (medicines used to help with sleep) prescribed in the period 01/01/2014 to 31/12/2014. The practice had a rate of 0.82 compared to 0.29 nationally.
- There was also a very large variation in the ratio of reported versus expected prevalence for coronary heart disease (CHD) in the period 01/04/2013 to 31/03/2014. The ratio for the practice was 0.37 compared to 0.72 nationally.

At the last inspection we found that the practice had not completed an audit to determine reasons behind the large variation in hypnotics prescribing and lower levels of CHD than expected. We also found that the two clinical audits undertaken in the last two years had not been completed audits cycles where the improvements identified had been implemented and monitored.

During this inspection we found that there was evidence of some quality improvement including clinical audit.

- There had been three clinical audits completed, all of these were completed audits where the improvements made were implemented and monitored.
- We saw that there had been a completed audit of hypnotics prescribing. Findings were used by the practice to improve services. The initial audit had found that 340 prescriptions had been made. Following this the practice developed a policy to support the prescribing and review of hypnotic therapies; Changed suitable patients to acute prescriptions; Sent patients letters highlighting risks and benefits and promoted the importance of regular review and used read codes to document discussions and reviews of hypnotic prescriptions. A re audit found a reduction of

Are services effective?

(for example, treatment is effective)

prescriptions of 51 to 289, although the number of persons receiving prescriptions had not reduced. The practice had committed to conducting a further audit at the end of 2016.

- Other completed audits were; antibiotic prescribing and heart failure.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. During the previous inspection it was found that the induction process was not documented and did not identify the topics covered. We found that the practice had now documented its induction process and identified such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. It had not yet been used as no new members of staff had been recruited.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, we found that a number of staff had not received their appraisals as noted on their appraisal documentation, but we saw an appraisal schedule and noted that dates had been agreed for these members of staff.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. However, although the practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening uptake was lower than CCG and national averages. For example, females, 50-70, screened for breast cancer in last 36

months (uptake, %) was 53% compared to the CCG average of 68% and the national average of 73% and persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 38% compared to the CCG 50% and national average of 58%. There were appropriate systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 89% and five year olds from 76% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below both CCG and national averages for its satisfaction scores on consultations with GPs and nurses, however improvements could be seen when compared to the same period in 2015. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 60% of patients said they would recommend the practice to someone who has just moved to the local area (CCG average 74%, national average 80%).

The previous inspection found that the practice staff were not aware of the national patient survey results and had taken no action as a result. We found that the staff were now aware of the survey and had an ongoing action plan in place in an attempt to improve the results, actions included asking patients to complete questionnaires following consultations.

Care planning and involvement in decisions about care and treatment

The majority of patients 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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was mostly positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results continued to be below CCG and national but showed improvement when compared with the previous year's results. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.

Are services caring?

- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (1% of the practice list) This had slightly increased from the time of the previous inspection from 22. The previous inspection had found that there was no information available to direct carers to the various avenues of support available to them, we found that the practice now had a "carer's corner" in reception with a number of sources of information, although despite the "carer's corner" only a further three carers had been identified.

We were told that there were no processes in place for the practice to contact families who had suffered bereavement to offer guidance on support available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients who required vaccinations only available privately were referred to other clinics.
- There were disabled facilities, since the previous inspection the practice had installed a hearing loop. Translation services were also available.
- Whilst the practice did not have a specific day for extended hours they told us that patients who could not attend during normal working hours were able to attend each evening as the practice remained open until 6:30pm or 6:55pm most days.

Access to the service

The practice was open between 9:00am until 6:55pm Monday to Wednesday, 09:00am until 12:30pm on a Thursday and 9:00am to 6:30pm on Friday. Appointments were from 9:00am to 1:30pm every morning and 2:00pm to 6:00pm daily. The practice did not open at weekends. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 79%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%. The practice told us that they had identified this area and had adjusted reception staff working hours to provide more cover for answering the telephone.
- 74% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

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.

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

The practice had received one complaint in the last 12 months; this was reviewed and found it was handled appropriately. We discussed with staff how they would respond to a patient wishing to make a complaint, all staff confirmed that they would attempt to resolve any issue immediately but were aware of the practice's complaints process and the complaints lead.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had developed and promoted since the previous inspection a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement; staff knew and understood the values. The mission statement and values were included in the practice leaflet.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The previous inspection had found that the practice had limited structures in place to support them with the delivery of the strategy and good quality care.

We found that the practice had improved its governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The practice had recently entered into a partnership with a nearby practice in to provide additional GP resource and improve sustainability.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had implemented 25 practice specific policies and were working on others such as, lone working. We found that the policies were available in a policy folder and on the practice's computer system. We also found that all staff had signed a declaration for each policy to confirm reading and understanding.
- A wider range of governance issues were now discussed during monthly practice meetings.
- The practice had improved its systems to identify, assess and mitigate risk.
- There was now evidence of the use of clinical and non clinical audit to identify quality improvement.
- However, further improvement is still required to ensure processes are in place regarding the management of vaccines, prescription security and the management of PGDs

Leadership and culture

On the day of inspection the lead GP and practice manager told us that they had made improvements in the running of the practice, prioritising safe, high quality and compassionate care. Staff told us that the GP and practice manager were approachable and always took the time to listen to all members of staff.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice now held regular monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they had involvement in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG told us that they felt they had been involved and consulted with following the last inspection and felt the practice acted upon an of their suggestions.
- The practice had also analysed its “Friends and family” results to gain a better understanding of patient opinions. The practice data collected during June, July, August and September 2016 showed that 83% of respondents would recommend the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good governance.
Surgical procedures	How the regulation was not being met: The registered person did not ensure the proper and safe management of medicines, vaccinations should be stored securely and registered person did not ensure there was a robust process of stock control in place.
Treatment of disease, disorder or injury	This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014