

Dr WJ Degun's Practice

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr WJ Degun's Practice on 16 May 2016. Overall the practice is rated as requires improvement.

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

- Significant events were recorded although this was brief and showed little evidence of review and shared learning.
- Risks at the premises were not always assessed and well managed. These included an effective health and safety risk assessment, the risk associated with legionella and the security and issue of prescription stationery.
- Recruitment checks were not always robust in relation to employment checks.
- Not all staff acting as chaperones had received a disclosure and barring service check. Although this role was primarily undertaken by nurses who had

received a disclosure and barring service check, there had been occasions where non-clinical staff performed this role. Although the practice manager had considered some of the measures that were in place to mitigate the risk, there was no detailed, written risk assessment.

- There was not a robust system in place to ensure that patients on high risk medicines were receiving regular blood tests. Outcomes for patients were in line or below national and local averages. Where the practice reflected low performance data, we were told that clinical staff were not routinely updating patient records.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was variable, with patients responding positively about the care they received from the practice.

Summary of findings

- Practice staff had received safeguarding training for vulnerable adults and children. However, the system did not clearly identify to all clinicians those patients identified as the subject of safeguarding concerns.
- There were care plans with pictorial aids to enable patients with learning disabilities to be involved in their care. All patients with learning disabilities had received an annual health check, although carers were not routinely identified.
- The premises were modern and well equipped to ensure services were accessible including a lift and a car parking space for patients who had a disability.
- There were a range of services available on site including ultrasound, phlebotomy and counselling.
- A health visitor, midwife and COPD nurse held weekly clinics at the practice.
- There was not an open, transparent relationship between all staff who worked at the practice. Not all staff had received appraisal.
- Records did not always an accurate, complete representation of patient's care, treatment and decisions made.

The practice was not aware of the most recent national GP patient survey data, although they had taken some steps to make improvements to access, including opening one late night and one Saturday on alternate weeks.

The areas where the provider must make improvements are:

- Ensure the security and adequate tracking of prescription pads through the practice.
- Ensure staff are fit for the role for which they are employed by making appropriate pre-employment checks.

- Ensure all staff acting as chaperones receive a DBS check or a risk assessment as to whether or not one is not required.
- Undertake a legionella risk assessment.
- Improve the system in place for the reviewing and monitoring of patients taking high risk medicines.
- Take steps to improve access and respond to the issues raised in the national GP patient survey.
- Ensure patient records represent an accurate, complete representation of patient's care and treatment and decisions made.

In addition the provider should:

- Ensure that those patients identified as subject of safeguarding concerns are clearly identifiable by all clinicians reviewing the patients.
- Put in place a more robust system to identify, record and discuss significant events.
- Ensure findings from clinical audit are clear and evidence whether improvements have been made.
- Ensure that the Health and Safety risk assessment adequately identifies the risks to staff and patients. Where remedial action is identified, this should be actioned in a timely way.
- Put in place a robust protocol to manage safety alerts received at the practice.
- Ensure all staff receive appraisal.
- Take steps to identify more patients who are carers and provide them with appropriate support and health checks where relevant.
- Promote open, transparent discussion and involvement with all people who work at the practice.

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.

- There was a system in place for reporting and recording significant events, although this was brief and showed little evidence of review and shared learning.
- Chaperones were available. Some staff acting as chaperones had not received a DBS check or a risk assessment as to why one was not required.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice worked closely with midwives and health visitors to promote information sharing. The method used to identify patients subject of safeguarding concerns did not clearly identify them to all clinicians when conducting consultations.
- Risks at the premises were not always assessed and well managed. The practice did not have a legionella risk assessment. There was not a robust system in place to manage safety alerts received at the practice.
- Recruitment checks weren't always sufficiently robust.
- There were emergency medicines available.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line or lower than the national average.
- There was no robust system in place to ensure that patients on high risk medicines were receiving regular blood tests.
- We saw two examples of completed clinical audit which demonstrated a thorough analysis although it was not clear whether improvements had been identified or actioned.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Not all staff had received appraisal.
- Information about patients with complex needs was shared via the care co-ordinator; however, care plans were not routinely updated by the practice.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- There were systems and training in place to maintain patient and information confidentiality.
- The practice had identified 46 patients as carers, which amounted to less than 1% of the practice list. The practice did not offer a routine carer's health check.
- There were 33 patients on the learning disabilities register and all of these patients had received a health check in the last year.
- The practice used pictorial aids to promote communication with patients who had learning disabilities.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said that they were able to get an appointment in an emergency, although they had more difficulty making routine appointments.
- The surgery was open until 9pm every other Thursday. It was also open every other Saturday morning.
- Appointments could be made to have blood taken at the surgery.
- There were weekly clinics held at the practice by the health visitor, midwife and the community counsellor.
- Patients could have ultrasound scanning at the practice.
- The premises were modern and accessible. There was a lift and a parking space available for patients who had a disability.
- A COPD nurse held a weekly clinic to monitor patients with certain lung diseases.
- Ultrasound scanning was available at the practice for all patients in the locality.

Good



Are services well-led?

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

- There was a programme of clinical and internal audit to monitor quality, although this had not been effective in identifying and managing the issues found with monitoring patients on high-risk medicines.
- The arrangements for identifying, recording and managing risks in the practice building were not robust.
- There was no structured protocol in place for managing safety alerts.
- There was no system in place to monitor prescription pads.
- Patient records did not reflect an accurate representation of the patient's care, treatment and the decisions made.

Requires improvement



Summary of findings

- There was not an open, transparent relationship between the GP partners and staff.

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

Requires improvement



The practice is rated as requires improvement for the care of older people overall. The provider is rated as requires improvement for safe, effective and well-led and rated as good for caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Annual health checks were available to patients over 75.
- Joint injections were available for elderly patients living with osteoarthritis.
- Home visits and telephone consultations were available to patients who were unable to attend the practice.
- Patients on high risk medicines were not being reviewed effectively prior to being issued with a repeat prescription to ensure that their medicines were being prescribed at a correct and safe dose.

People with long term conditions

Requires improvement



The practice is rated as requires improvement for the care of people with long-term conditions overall. The provider is rated as requires improvement for safe, effective and well-led and rated as good for caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Patients told us that their long-term health conditions were well managed, although patients on high risk medicines were not being reviewed effectively prior to receiving a repeat prescription.
- Nursing staff had training and lead roles in chronic disease management.
- 94% of patients with diabetes had received a flu immunisation in the last year. This was in line with the national average of 92%.
- The percentage of patients with COPD who had received a review in the last year was 76%. This was lower than the

Summary of findings

local average of 88%. We were informed this was because systems were not updated to reflect the reviews carried out by the specialist COPD nurse who held clinics at the practice.

- Information about patients with complex needs was shared via the care co-ordinator; however, care plans were not routinely updated at the practice.
- Patients indicated that they found it difficult to obtain routine appointments with the GP to ensure continuity of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people overall. The provider is rated as requires improvement for safe, effective and well-led and rated as good for caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Immunisation rates were relatively high for all standard childhood immunisations. For children under two, vaccination rates were between compared to the local average of
- The health visitor and midwife held weekly clinics at the practice. This promoted the ongoing sharing of information.
- There were systems in place to identify and follow up children living in disadvantaged circumstances. However, due to the system in place at the practice, we found that not all clinicians were able to clearly identify those children at risk of abuse.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was comparable to other practices.
- Appointments were available outside of working hours and on alternating Saturday mornings and Thursday evenings.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students) overall. The provider is rated as requires improvement for safe, effective and well-led and rated as

Requires improvement



Requires improvement



Summary of findings

good for caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Online consultations were available whereby patients could provide their symptoms on a web based form, which the GP would consider and then contact them by telephone.
- Patient feedback indicated that it was difficult to get a routine appointment with a GP, although patients were able to speak to the duty doctor on the telephone.
- 63% of female patients aged 50-70 had been screened for breast cancer in the last 3 years. This was lower than the CCG average of 69%.
- Appointments could be made or cancelled in person, on-line or over the telephone. Repeat prescriptions could be obtained online.
- 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.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for safe, effective and well-led and rated as good for caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- All patients on the learning disabilities register had received a health check in the last year.
- The practice used pictorial aids to promote communication with patients who had learning disabilities.
- The practice had identified 46 patients as carers, which amounted to less than 1% of the practice list. The practice did not offer a routine carer's health check.

Requires improvement



Summary of findings

- The practice worked with healthcare professionals and shared information whilst they were holding clinics at the practice. Although there was not a regular, structured meeting to discuss these patients, information was shared via the care co-ordinator.
- Care plans were not routinely updated on the practice's computer system following review.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) overall. The provider is rated as requires improvement for safe, effective and well-led and rated as good for caring and responsive. The concerns which led to this rating apply to everyone using the practice, including this population group. However there were some examples of good practice.

- Patients experiencing poor mental health could be referred to the counsellor who held a weekly clinic at the practice.
- Performance for mental health related indicators was in line or below the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 62%. This was below the national average of 86%. The practice told us that systems weren't updated when patients failed to attend for their routine checks.
- 90% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was in line with the national average.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. Surveys were sent to patients in January and July 2015. The results were variable, with patients responding that they found it easy to get through to the surgery by phone and that they usually get to see or speak with their preferred GP. However, patients felt that they had to wait too long to be seen. 314 survey forms were distributed and 112 were returned. This represented a completion rate of 36%.

- 81% of patients found it easy to get through to this practice by phone compared to the local average of 72% and a national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the local average of 82% and national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 74% and the national average of 78%.
- 48% of patients said that they don't normally have to wait too long to be seen compared to the local average of 59% and national average of 58%.

- 54% of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to a local average of 65% and the national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 9 comment cards which were positive about the care and treatment received from the surgery. They also praised the extended opening hours and the helpful attitude of the receptionists.

We spoke with four patients during the inspection. They praised the care they received from the GPs and nurses. They all told us that they could see or speak to a GP or nurse when they needed to and that receptionists were polite and helpful. They told us that their long-term health conditions were well managed.

We reviewed the result of the NHS Friends and Family test from January 2016 to the date of our inspection. There were 37 responses received. All patients indicated that they would be extremely likely or likely to recommend the practice to their friends and family.

We met with three members of the Practice Participation Group (PPG). They told us that the GPs and nurses were good, although they said that patients had difficulties making routine appointments due to the increased demand at the surgery. They said that they could get an appointment in an emergency.

Areas for improvement

Action the service MUST take to improve

- Ensure the security and adequate tracking of prescription pads through the practice.
- Ensure staff are fit for the role for which they are employed by making appropriate pre-employment checks.
- Ensure all staff acting as chaperones receive a DBS check or a risk assessment as to whether or not one is not required.
- Undertake a legionella risk assessment.
- Improve the system in place for the reviewing and monitoring of patients taking high risk medicines.
- Take steps to improve access and respond to the issues raised in the national GP patient survey.
- Ensure patient records represent an accurate, complete representation of patient's care and treatment and decisions made.

Summary of findings

Action the service **SHOULD** take to improve

- Ensure that those patients identified as subject of safeguarding concerns are clearly identifiable by all clinicians reviewing the patients.
- Put in place a more robust system to identify, record and discuss significant events.
- Ensure findings from clinical audit are clear and evidence whether improvements have been made.
- Ensure that the Health and Safety risk assessment adequately identifies the risks to staff and patients. Where remedial action is identified, this should be actioned in a timely way.
- Put in place a robust protocol to manage safety alerts received at the practice.
- Ensure all staff receive appraisal. Take steps to identify more patients who are carers and provide them with appropriate support and health checks where relevant.
- Promote open, transparent discussion and involvement with all people who work at the practice.

Dr WJ Degun's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and supported by a GP specialist adviser.

Background to Dr WJ Degun's Practice

Dr WJ Degun's Practice, also known as The Knare Medical Practice is situated in Basildon, Essex. The practice registers patients who live in Leigh Chapel South, Langdon Hills and surrounding areas of Basildon. The practice provides GP services to approximately 6,200 patients.

The practice is one of 44 practices commissioned by the Basildon and Brentwood Commissioning Group and it holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a comparable number of children aged five to 18 years compared to the England average and fewer patients aged over 65 years. Economic deprivation levels affecting children and older people are slightly higher than average, and unemployment levels are lower. The life expectancy of male patients is in line with the local average and the life expectancy of female patients is higher by one year. The number of patients on the practice's list that have long standing health conditions is comparable to average, as is the number of patients who are carers.

The practice is governed by a partnership that consists of one full-time male GP and a part-time female GP. The partnership is supported by a part-time long-term locum and an advanced nurse practitioner. There is also a practice nurse and a healthcare assistant employed at the practice.

Administrative support consists of a full-time practice manager, a head receptionist and a number of part-time reception and administrative staff.

The practice is open 8am until 6.30pm every day except every alternating Thursday, when it is open until 9.30pm. When the surgery is closed, urgent GP care is provided by Integrated Care 24, another healthcare provider.

Morning surgery times vary daily, starting between 8am and 10am and finishing between 12.30pm to 1.40pm. Afternoon surgeries begin between 1.30pm and 4pm and continue until between 5pm and 6pm. On alternating Thursdays, surgery is extended until 9.30pm. The practice is also open from 8am until 11am on alternating Saturday mornings.

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 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 16 May 2016. During our visit we:

- Spoke with two GP partners, practice manager, healthcare assistant, head receptionist and two reception staff. We spoke with four patients who used the service and three members of the patient participation group (PPG).
- Looked at audits, policies, procedures, documents and staff files.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

There was a system in place for recording significant events, although the analysis was brief and showed little evidence of review and shared learning.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the reception desk.
- There was no robust protocol to manage safety alerts received at the practice and to routinely identify patients who may be affected. Although records indicated that patients were safe, audits and searches were not routinely undertaken to mitigate ongoing risks.
- There were two significant events that had been recorded in the year prior to our inspection. Although reporting was not detailed, this confirmed what action had been taken which sought to prevent the same incident again.

Overview of safety systems and processes

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Safeguarding arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. These 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 adult safeguarding and another member of staff responsible for child safeguarding. The practice worked closely with midwives and health visitors to share appropriate information about safeguarding concerns.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence to confirm that children who had missed their immunisation appointments were followed up. There was an icon on the computerised patient record system to highlight patients at risk of abuse, although this had not been enabled to ensure this could be seen by all clinicians reviewing the record.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Whilst

this role was primarily carried out by nurses, this was not always the case. Other staff who acted as chaperones had not had received a Disclosure and Barring Service (DBS) check. (DBS

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and a resulting action plan completed.
- Medicines and vaccines were held appropriately. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks were not always undertaken prior to employment. For example, the practice did not always obtain a full employment history or satisfactory proof of identity.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- The practice had up to date fire risk assessments and ensured that apparatus to be used in the event of fire was adequately maintained. All electrical equipment was checked to ensure it was safe to use. Clinical equipment was checked to ensure it was working properly.
- Although some risks at the premises had been considered, these were not documented or well managed. The risk assessment of the premises only detailed various rooms in the building and did not highlight areas of risk or action taken to mitigate risk. There were hazardous wires in one of the treatment rooms which were tripped over on the day of our inspection. Whilst we were told that this risk had been considered, appropriate measures had not been taken to mitigate the risk and there was no documentary evidence of this.
- Some risk assessments were in place to monitor safety of the premises such as control of substances hazardous to health and infection control, although there was no

Are services safe?

legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The provider has since taken steps to rectify this.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff were multi-skilled so they could cover reception at short notice.

Arrangements to deal with emergencies and major incidents

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

- The practice had and oxygen with adult and children's masks. There was not a defibrillator on the premises but

the practice had assessed that as the hospital was in such close proximity, it was reasonable to deviate from best practice guidelines. A first aid kit and accident book were available.

- There was a panic button on reception as well as one on the computers.
- All staff received annual basic life support training. There were emergency medicines available in the treatment room.
- 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.

The practice had a business continuity plan in place 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 nurses met monthly to discuss individual and wider clinical issues. Minutes evidenced that concerns were discussed with visiting health professionals. These also identified training required and services available in the locality.
- 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. However, NICE guidelines were not being consistently followed in relation to reviewing patients who took high risk medicines.
- The practice had identified areas of improvement required in the locality, although robust action hadn't been taken to ensure patients were safe.

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 showed that the practice gained 90% of the total number of points available. This was comparable to the practice average in the locality of 92%.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the national average. The percentage of patients with diabetes who had received a foot examination in the last year was 82%. This was in line with the national average of 88% and CCG average of 86%.
- Performance for mental health related indicators was variable. For example, the number of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 90%, which was comparable to the local average of 87%. However, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in their record was 62%. This was considerably lower than the national average of 88%.

- We explored the mental health data further with one of the GP partners. Whilst it was evident that the practice were recalling patients to invite them for their review, the system was not updated when the patient persistently declined, in order to except them from the data (Exception reporting is the removal of patients from QOF calculations so that the practice is not penalised for certain characteristics, for example, when patients are unable to attend a review meeting or certain medicines cannot be prescribe because of side effects.) For the current year 2015 to 2016, we found that there were 23 patients who required these care plans, and as of the date of our inspection, 17 had received a review. This data has yet to be verified.

The practice relied on other providers to inform them when blood tests identified that there was an abnormality when high risk medicines were being monitored. Although this meant there were some safeguards in place which sought to ensure patients were safe, this was not sufficiently robust. The practice did not routinely request confirmation of blood test results before generating a repeat prescription.

- A large variation was also identified with patients with COPD who had received a review in the last twelve months. 76% of these patients had received a review, which was lower than the local average of 88%. We were told that the reason for this was because there was a COPD nurse who attended at the practice to carry out these checks which were not consistently recorded on the system.

There was evidence of quality improvement including clinical audit:

- There had been two completed clinical audits in the past two years. Although these demonstrated a strong ethos of review and audit, it was not always clear whether improvements had been made.
- Other stand-alone audits included monitoring the preferred place of death of end of life patients and rates of infection after minor surgery carried out the practice, for example. These evidenced that clinicians worked alongside recognised guidance.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- Staff told us how they had been inducted into their role and we saw evidence to support this. There was an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those who carry out child immunisations.
- Staff received training that included fire safety awareness, infection control, basic life support and information governance. Training was delivered online or at the practice.
- Staff had an annual appraisal with their line manager, although the practice manager had not had an appraisal in the last year. Staff who had received an appraisal told us that they found this a useful means of reviewing their performance and that they felt confident discussing any issues or concerns with their line manager.
- 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. We saw evidence that written consent was obtained where appropriate.

Patients experiencing stress or anxiety could be referred to the community counsellor who held a weekly clinic at the practice. Clinics were also held by a physiotherapist and a COPD nurse. Further, those receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. The practice audited their inadequate smear rates and took relevant action.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 91% to 97%.

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. 63% of female patients aged 50–70 had been screened for breast cancer in the last 3 years. This was lower than the CCG average of 69% and England average of 72%. 55% of patients aged 60–69 had been screened for bowel cancer in the last 2.5 years. This was in line with the local and England average of 58%.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care and information sharing

The health visitor, midwife and community counsellor held regular clinics at the practice which sought to promote referral and information sharing. However, in the case of patients with the most complex needs, there was no longer a meeting of healthcare professionals. This had ceased to take place from November 2015 and was replaced by the appointment of a care co-ordinator, who shared and retrieved information from other professionals on behalf of the practice.

We found that care plans for patients receiving end of life care were not routinely updated at the practice. We were told that care plans were updated in patient's homes so that these could be accessed in an emergency, rather than on the systems held by the practice. This meant there was not an updated, accurate record of the patient's health needs immediately available to the GP.

Consent to care and treatment

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Patients praised the friendly, polite attitude of the staff. We observed reception staff being helpful and kind.

- Chairs in the waiting area were positioned alongside the reception desk, towards a television screen. This sought to avoid discussions being overheard.
- If patients wished to discuss a private or sensitive matter, receptionists would direct them to an unused treatment room to discuss their concerns.
- The practice displayed their confidentiality policy on their website and staff had all received training in information governance so that sensitive information was handled appropriately.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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 also positive and aligned with these views.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 87%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- The practice used pictorial aids to promote communication with patients who had learning disabilities.
- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice website provided information about how to access services in the community. Further, 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 46 patients as carers, which amounted to less than 1% of the practice list. The practice did not offer a routine carer's health check. On further investigation, it transpired that the practice had sought to identify carers in the past, but this had been the responsibility of a member of staff who had since left the practice.

Are services caring?

There were 33 patients on the learning disabilities register and all of these patients had received a health check in the last year. The form for the health check had been devised to include pictorial aids and appropriate language was used to promote understanding and involvement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There were measures in place which sought to address the needs of the practice population. These included:-

- Online consultations were available whereby patients could provide their symptoms on a web based form, which the GP would consider and contact them by telephone.
- Appointments could be made to have blood tests taken at the surgery with a trained phlebotomists. This service was available on a Tuesday, Thursday and Friday morning.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were weekly clinics held at the practice by the health visitor, midwife and the community counsellor.
- A COPD nurse held a weekly clinic to monitor patients with certain lung diseases.
- Ultrasound scanning was available at the practice for all patients in the locality.
- Minor surgery was carried out the surgery which included the removal of some cysts and moles.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for patients with a disability, including a lift and a car parking space.
- Translation services were available.
- There was a delivery and collection service to a local pharmacy for prescriptions.
- The administration team were proactive at reviewing the patients that had been booked in for the day and reminding the clinician of any outstanding health checks that they may require which sought to promote ongoing patient review.

Access to the service

The practice was open 8am until 6.30pm every day except every alternating Thursdays, when it was open until

9.30pm. The practice was also open from 8am until 11am on alternating Saturday mornings. When the surgery was closed, urgent GP care was provided by Integrated Care 24, another healthcare provider.

Morning surgery times varied daily, starting between 8am and 10am and finishing between 12.30pm to 1.40pm. Afternoon surgeries begin between 1.30pm and 4pm and continued between 5pm and 6pm. Surgery was extended until 9.30pm on alternating Thursday evenings.

Half of the day's appointments with a GP were pre-bookable and half were available for emergencies. In this instance, the GP would telephone the patient to triage the call and assess their health needs. Patients were also invited to call in the morning for routine appointments in two days' time. However, we were informed that these appointments would often be taken within 15 minutes of the phone lines opening. Patients told us that they had difficulties in making routine appointments, although they told us they could always get an emergency appointment. On the day of our inspection, the next routine appointment with a GP was in ten days' time.

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

- 54% of patients usually wait 15 minutes or less after their appointment time to be seen which was lower than the local average of 65% and the national average of 65%.
- 48% of patients felt that they didn't have to wait too long to be seen. This was lower than the local average of 59% and the national average of 58%.
- 76% of patients with a preferred GP usually get to see or speak to that GP. This was better than the local average of 61% and the national average of 59%.
- 74% of patients were satisfied with the practice's opening hours. This was comparable to the local average of 73% and the national average of 75%.

The practice was not aware of the GP survey and had not put an action plan in place to make improvements in relation to the appointment system. Although access to the practice had been extended, those that we spoke with raised concerns about the amount of patients and the lack of GPs available.

Listening and learning from concerns and complaints

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

The practice had an effective system in place for handling complaints and concerns. Information about how to make a complaint was provided on the practice website and in the waiting area.

- Its complaints policy was available online and at the reception desk.

- The practice manager handled all complaints in the practice. These were investigated with the relevant member of staff or clinician and an open, honest response was provided.

We reviewed two complaints that had been received since the beginning of the year. We saw that these were recorded, investigated and a timely response was provided.

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

Dr WJ Degun's practice had continued to extend the range of services it provided in order to meet the needs of its growing practice population. The premises were modern and well equipped to ensure services were accessible. Information provided by the practice prior to our inspection told us that the practice aimed to provide "excellence in quality and care to our patients". The facilities and range of services clearly promoted this outcome, although it was apparent that the provider did not have a strategy in place to manage the growing list size and increasing demand for appointments.

We were informed by the practice that the list size was increasing on a daily basis, with five to six new patients registering every working day. Although the practice offered extended access and telephone triage, there was still a shortage of appointments. There were no plans to recruit additional GPs or a strategy as to manage the growing demand.

Governance arrangements

The practice had an administrative team which supported the delivery of care. However, governance processes were not effective.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff.
- There was a programme of clinical and internal audit to monitor quality and to make improvements, although this had not been effective in identifying and managing the issues found with monitoring patients on high-risk medicines.
- The arrangements for identifying, recording and managing risks in the practice building were not robust.
- We found there was no structured protocol in place for managing safety alerts, and searches were not routinely undertaken to identify all patients who may be affected by the alert.
- There were systems to monitor the use of prescription paper, although there was no such system in place for prescription pads. We found a number of these in an unlocked cupboard in the reception area.

- Records did not represent an accurate complete representation of the patient's care and treatment or the decisions made. Systems were not updated when patients had checks carried out by the visiting COPD nurse, when care plans were updated and when relevant patients declined invitations to routine mental health checks.

Leadership and culture

The practice was managed by a practice manager who liaised with the GP partners. Staff told us the practice manager was supportive and approachable, so staff told us they would speak with them rather than approach the partners direct. Whilst we were carrying out our inspection, we witnessed a GP partner raising their voice to the reception staff in an angry, intimidating manner. During the course of our inspection, it became apparent that this was not an isolated incident. This did not promote openness, support and respect.

Although meetings took place, these were not always regular. We saw that there had been a practice meeting at the beginning of the year and one was scheduled to take place in the weeks following our inspection. There were monthly meetings held by the nursing team, although there had been no meetings with other healthcare professionals to discuss complex patients since November 2015. Very few significant events and complaints had been recorded in the year prior to our inspection and therefore, there was limited evidence of ongoing learning, discussion and leadership.

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

The practice had not seen and were not aware of the results of the most recent national GP patient survey, which raised concerns over waiting times for appointments. Although they had not had sight of this, it was clear from the feedback we received that the practice were aware of the issue. The practice had sought to respond to the situation by offering extended hours, telephone triage and online consultations, but patients still continued to experience delays when making routine appointments.

The average number of patients per GP in the locality was 1,933. However, at Dr WJ Degun's Practice, there was one full-time GP and one part-time GP working at the practice

Are services well-led?

Requires improvement



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

and 6,200 patients. This meant that there were considerably more patients per GP compared to the local average. The practice informed us there were no plans to recruit an additional GP.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Patients on high risk medicines were not being monitored or reviewed prior to receiving a repeat prescription. The provider did not ensure safe and proper care by assessing the risk of legionella or other risks associated with the premises. Prescription pads were not tracked in the premises or stored securely. Regulation 12(1)(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not taken adequate steps to address the issues highlighted in the GP patient survey particularly in relation to access and seeing a preferred GP. Patient records were not updated when they had checks carried out by the COPD nurse or when they declined invitation to checks. Regulation 17(1)(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The provider had not ensured that persons employed for the purpose of the regulated activity were of good character as satisfactory pre-employment checks had not been undertaken.

Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.