

Dr Sanjay Das

Quality Report

Dr Sanjay Das (Parkview Surgery)

186 Brownhill Road

Catford

London

SE6 1AT

Tel: 0208 6986566

Website: www.parkview-surgery.co.uk

Date of inspection visit: 13 September 2016

Date of publication: 28/10/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Sanjay Das	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sanjay Das on 13 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well 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.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Two patients indicated on the Care Quality Commission comment cards that getting an appointment was difficult. Several of the patients we spoke to on the day made similar comments. The 2016 national patient survey results showed the practice fell below the national average for the ease of getting an appointment.
- We saw that where issues had been identified, for example following a health and safety audit, action had been taken and this had been recorded.
- 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. The practice proactively sought feedback from staff and patients, which it acted on.
- With the exception of the GP, staff had no knowledge of the Duty of Candour.
- Recruitment processes needed updating.

Summary of findings

The areas where the provider should make improvement are:

- Review the policy of accepting Disclosure and Barring Service checks from previous employers.
- Keep recruitment files up to date and ensure they contain the information required in the regulations.
- Ensure staff have and maintain an understanding of the Duty of Candour appropriate to their roles.
- Keep under review how best to address patients' concerns regarding the ease of getting an appointment.
- Take appropriate steps to identify patients who are also carers to allow the practice to provide support and suitable signposting.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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 and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- We found that there were some gaps in the recruitment records. The practice checked that new employees had undergone a check through the Disclosure and Barring Service but had not carried out their own.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- All staff had received an appraisal within the last 12 months or, if they had not yet completed 12 months of employment, had had a probationary review.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We saw that meetings took place with other health care professionals on a regular basis.

Good



Summary of findings

- Most childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group averages.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect.
- 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.
- The practice had identified 51 patients who were also carers. This represented just over 1% of the practice list.
- Results from the 2016 national GP patient survey showed the practice was below average for its satisfaction scores on consultations with GPs and nurses and for their involvement in planning and making decisions about their care and treatment. However the majority of Care Quality Commission comment cards completed were positive and the patients we spoke with were also positive.
- We saw the practice met regularly with the palliative care team and the local hospice.

Good



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 (CCG) to secure improvements to services where these were identified. For example it had liaised with the CCG and attended a local engagement scheme relating to falls. The practice had reduced the number of its patients who were admitted to hospital following a fall by updating its falls register; carrying out falls assessments and referring patients to the falls clinic.
- 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.
- Results from the 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages. Patient satisfaction with opening hours was comparable to the

Good



Summary of findings

CCG and national average however only 52% of patients said they were able to get an appointment the last time they wanted to see or speak to the GP or nurse compared to the CCG average of 70% and national average of 76%. The practice manager had started a patient survey to try to establish the causes and degree of dissatisfaction so that it could be addressed.

- Urgent appointments were available the same day and extended hours were offered on Monday and Wednesday evenings.

Are services well-led?

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

- The practice had 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. The practice manager was in the process of reviewing and updating these to ensure they were practice specific.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The GP was aware of and complied with the requirements of the duty of candour, however other staff were not aware of the requirements. The GP 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.
- There was a strong focus on continuous learning and improvement at all levels. We saw, for example one of the receptionists had been supported to undergo training as a health care assistant.
- The practice provided a service to several nursing homes. It had sought feedback on its performance. We spoke to one nursing home and they stated they were more than satisfied with the service provided.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP and had been informed of who that was.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients most at risk were given an emergency mobile number.
- Flu jabs were offered to patients at home if they were unable to attend the surgery.

Good



People with long term conditions

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

- 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 similar to or above the national average. For example the percentage of patients with diabetes, on the 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 76% compared to the Clinical Commissioning Group (CCG) average of 70% and England average of 78%. 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 97% compared to the CCG average of 83% and England 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. For example, quarterly multi-disciplinary meetings were held with the district nurse, social services and the palliative care and mental health teams.

Good



Summary of findings

- Patients with long term conditions were asked to see the practice nurse every six months and attend regular medicine reviews. Patients who did not attend were only given short supply repeat prescriptions until they attended.

Families, children and young people

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

- 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.
- Most childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 64% to 97% (CCG 71% - 92.5%) and five year olds from 68% to 98% (CCG 71% - 94%).
- Appointments were available outside of school hours. Emergency slots for children under 5 were available at the end of clinics. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Weekly baby clinics were held and post-natal check-ups were available.
- The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 81% and the national average of 82%. Breast and bowel cancer screening was comparable to CCG and England averages except for the uptake of bowel cancer screening within 6 months of invitation (persons aged 60-69) where the practice average was 32.5% compared to the CCG average 43% and England average 55%.
- The practice nurse was a sexual health specialist and the practice offered smear tests, Human Papilloma Virus immunisations and free contraception.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The 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.

Good



Summary of findings

- 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.
- Extended hours appointments were available for people who were working.
- The practice provided telephone consultations, online booking, electronic prescription requests and text message alerts and results.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. There were 21 patients on the learning disability register. At the time of the inspection none had had an annual review; however, the GP told us that they set aside specific days in December to carry out all reviews. Staff told us all learning disability patients had had a review the previous year.
- 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.
- The practice held six weekly child protection meetings with the health visitors.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- <>
Performance for mental health related indicators was similar to or above the national average. For example the percentage of patients with schizophrenia, bipolar affective

Good



Summary of findings

- disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the CCG average of 84% and England average of 88%.
- 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.

- Patients with long term conditions were screened for depression.
- 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 a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages in most areas. Four hundred and four survey forms were distributed and 102 were returned. This represented 2% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 52% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 12 comment cards,

ten of which were all positive about the standard of care received. Patients told us they were very pleased with the service; that staff were helpful and courteous and the GPs listened and showed empathy. Two patients commented that whilst the service was generally good, getting an appointment was difficult.

We spoke with four patients during the inspection, including a member of the patient participation group. All five patients said they were satisfied with the care they received and thought the GPs were caring, they listened, were empathetic, gave good explanations and did not rush. Several commented on the difficulty getting an on the day appointment; whilst two commented that they often had to wait up to 30 minutes for their consultation once they had checked in. Two also commented that reception staff could be intimidating and did not always give correct information. The practice provided us with details of its Friends and Family test outcomes for June – August 2016. The majority of responses each month indicated patients were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

Areas for improvement

Action the service SHOULD take to improve

- Review the policy of accepting Disclosure and Barring Service checks from previous employers as information could be up to three years out of date.
- Keep recruitment files up to date and ensure they contain the information required in the regulations.
- Ensure staff have and maintain an understanding of the Duty of Candour appropriate to their roles.
- Keep under review how best to address patients' concerns regarding the ease of getting an appointment.
- Take appropriate steps to identify patients who are also carers to allow the practice to provide support and suitable signposting.

Dr Sanjay Das

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Sanjay Das

Dr Sanjay Das' practice provided services to approximately 4600 patients in the Lewisham area of south east London under a General Medical Services contract (an agreement between general practices and NHS England for delivering primary care services to local communities.). It sits within the Lewisham clinical commissioning group (CCG) which has 44 member practices serving a registered patient population of more than 284,000. Dr Das' practice provides a number of enhanced services including Childhood Vaccination and Immunisation Scheme; Extended Hours Access; Influenza and Pneumococcal Immunisations; Facilitating Timely Diagnosis and Support for People with Dementia; Improving patient's online access; Minor surgery; Remote care monitoring; Risk Profiling and Case Management; Unplanned admissions and rotavirus & shingles immunisation.

The staff team at the practice consists of one full time male GP, a self-employed female GP, a female practice manager, a part time female practice nurse and five administrators/receptionists. The practice provides 16 GP sessions per week.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments start from between 9am and 9.30am to 12.30pm every morning and 2.30pm to 6pm daily. Extended hours appointments are offered on Mondays and Wednesdays up to 7.30pm. Outside of these hours, patients

are advised to contact the practices out of hour's provider, whose number is displayed on the practice noticeboard. The practice provides an online appointment booking system and an electronic repeat prescription service. The premises are not purpose built but a ramp has been fitted to enable ease of access for patients with mobility difficulties and a hearing loop is installed.

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

The practice has fewer patients with a long standing health condition than both the CCG and England average (47% compared to 49% and 54% respectively). The average life expectancy for males is 79 years (CCG average 78; England average 79) and females is 84 years (CCG average 82, England average 83).

The population in this CCG area is predominantly white British. The second highest ethnic group is black or black British. The practice sits in an area which rates within the third most deprived decile in the country, with a value of 30.2 compared to the CCG average of 28.6 and England average of 21.8 (the lower the number the less deprived the area).

The patient population is characterised by an above England average for patients, male and female, between the ages of 25 and 39. Other ages groups are similar to the England average.

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

Detailed findings

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 inspected in July 2014 at which time it was found to be compliant with regulations.

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 13 September 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, practice manager and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to complete. These were then reviewed by the practice manager.
- 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 carried out a thorough analysis of the significant events. There had been five in the past year, and we saw that they had been discussed at practice meetings, and the action taken and lessons learned recorded. For example, following the implementation of a new referral service, the service provider reported that they could only process 25% of referrals. The practice reviewed how staff were completing the referrals and found not all staff were doing so correctly. This led to additional staff training and additional supervisory safeguards being put into place.

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, we saw in the minutes of a recent practice meeting that a significant incident relating to out of date medicines had been discussed. Procedures put into place to prevent it happening again included new checklists and specific staff being allocated to regularly check expiry dates. GPs were able to discuss recent medicines alerts and the action taken.

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. We saw the GP kept patient records updated with any relevant safeguarding information. Staff demonstrated they understood their responsibilities and within the last three years all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and the nurse to level 2.

- 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 and had received a Disclosure and Barring Service (DBS) check, albeit not via this provider. (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 nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received training within the last two years. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw staff kept records of the cleaning of clinical equipment. There was a general cleaning schedule and the cleaner had to complete a checklist to indicate what had been cleaned on each visit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice reviewed its prescribing

Are services safe?

budget against neighbouring practices to assist it to optimise its performance. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.).

- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely.
- Vaccines were stored appropriately and we saw staff kept a daily log of fridge temperatures. Staff were aware of the action to take in the event the temperatures varied from the acceptable level.
- We reviewed four personnel files for staff recruited since the start of 2016. We found that there were gaps in the records. Some files did not contain proof of identification or an application form or CV (which would have enabled the provider to ascertain if there were any gaps in employment). Two files contained just one reference (the practice's policy stated two would be obtained). All had been checked through the Disclosure and Barring Service with previous employers, but not by this provider. All these staff had been recruited prior to the current practice manager coming into post. The practice manager was aware of the checks that needed to be undertaken and was in the process of auditing files to identify what was missing so that it could then be obtained. The GP told us that the missing information would have been requested but may have been filed elsewhere by the previous practice manager.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available.
- A health and safety audit had been carried out in August 2016. This had identified that a number of risk assessments were out of date. As a result the practice had carried out a new fire risk assessment, a new Legionella assessment (Legionella is a term for a particular bacterium which can contaminate water

systems in buildings) and completed an assessment with regard to disability access. Where issues had been identified we saw that action had been taken and this had been recorded.

- The practice carried out regular fire alarm tests, checks of fire doors and fire fighting equipment and carried out periodic fire drills. Seven of the 10 staff had undergone fire safety training in 2015/16.
- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw records which indicated the checks were up to date.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager was newly appointed and in the process of reviewing the staff skill mix.
- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Non-clinical staff rotated their roles so that they could cover for each other in times of absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff, other than two recent employees, had received basic life support training within the last two years. The aforementioned employees had been instructed how to use the defibrillator by the GP. 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. The oxygen tank was full and we saw records that indicated it was checked on a weekly basis. A first aid kit and accident book were available.
- 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 comprehensive business continuity plan in place for major incidents such as power failure

Are services safe?

or building damage. The plan included emergency contact numbers for staff. In the event the building could not be used, staff could access patient records via a neighbouring GP practice.

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, for example, audits and discussion at practice clinical meetings.

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 97.8% of the total number of points available compared to the CCG average of 92.9% and England average of 94.8%. The practice had an overall exception reporting rate of 5.9, compared to the CCG average of 7.4% and England average of 9.2%. The practice's exception reporting rate for cancer was 20% - higher than the CCG (14%) and England (15%) rates. (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). QOF outcomes were shared with staff at clinical meetings.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to or above the national average. For example the percentage of patients with diabetes, on the 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 76% compared to the CCG average of 70% and England average of 78%. 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 97% compared to the CCG average of 83% and England average of 88%.

- Performance for mental health related indicators was similar to or above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the CCG average of 84% and England average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, a dementia audit had indicated that the practice's identification rate was 52%, below the NHS England target of 67%. The practice reviewed the way it was coding patients, ran searches through patient records and increased the number of cognitive tests carried out. The re-audit showed the practice performance had improved to 70%.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of supplementary feeds following a meeting with the local dietician and discussion about the latest guidance.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, CCG guidance, and attendance at nursing forums.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Periodically the practice closed for an afternoon to allow all staff to partake in training.
- All staff had received an appraisal within the last 12 months or, if they had not yet completed 12 months of employment, had had a probationary review.
- The GP had undergone revalidation in February 2016 (revalidation is the process by which doctors demonstrate that they are up to date and fit to practise).
- 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.
- The practice had a specific induction pack for locum GPs and if they were needed the practice tried to use the same agency. Practice administrative staff checked with the agency that appropriate checks had been carried out.

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. We reviewed seven patients' medical records and found they were clear, comprehensive and up to date. We saw the practice had a robust system in place to handle pathology results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. It made use of the Coordinate My Care system (Coordinate My Care is an NHS clinical service sharing information between healthcare providers, coordinating care, and records wishes of how patients would like to be cared for).

- Patients were informed of test results by text. If a result was abnormal they would receive a text asking them to make an appointment and the practice administrators would follow this up with a phone call.

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. We saw the GP had a consultation with patients within three days of their hospital discharge. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of meetings with, for example, the local safeguarding team, palliative care team and the district nurses. We saw that the GP met regularly with their locum GP(s) to review cases.

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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. For example the practice provided minor surgery and carried out an annual audit of procedures.

Supporting patients to live healthier lives

The practice used risk profiling to identify patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition. Patients were signposted to the relevant service.
- A dietician was available on the premises twice a month.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was

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

86%, which was comparable to the CCG average of 81% 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The number of eligible patients screened for breast cancer in the last 36 months was 63% - the same as the CCG average. The number of patients aged 60 – 69 screened for bowel cancer in the last 30 months was comparable to the CCG average (42% compared to 47%) however the number of patients who were screened within six months of invitation was 32%, over 10% below the CCG average of 43%. There were failsafe 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.

Most 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 64% to 97% (CCG 71% - 92.5%) and five year olds from 68% to 98% (CCG 71% - 94%).

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.

- Screens 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.

Ten of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two patients commented that whilst the service was generally good, getting an appointment was difficult.

We spoke with four patients during the inspection, including a member of the patient participation group. All four patients said they were satisfied with the care they received and thought the GPs were caring, they listened, were empathetic, gave good explanations and did not rush. Several commented on the difficulty of getting an on the day appointment; whilst two commented that they often had to wait up to 30 minutes for their consultation once they had checked in. Two also commented that reception staff could be intimidating and did not always give correct information.

Results from the national GP patient survey showed the practice was below average for a number of its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86.5% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 83% 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 94% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG 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 generally positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were below local and/or national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 68% 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 national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and 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. Where patients had an appointment booked in advance staff told us they tried to book a face to face interpreter.

Are services caring?

- We saw in patient notes that following a patient's initial consultation the GPs were recording whether or not the patient any need of assistance with language.
- The practice did not provide information in languages other than English, but told us they would do so if requested although it was not clear how patients would know this was available.

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. There were also a range of health information leaflets.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them including respite services.

We saw the practice met regularly with the palliative care team and the local hospice. Monthly gold standard framework meetings were held (the gold standard framework is a service improvement tool that was developed for primary care, to enable GP practices to proactively support patients with palliative care needs). Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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. For example it had liaised with the CCG and attended a local engagement scheme relating to falls. The practice had reduced the number of its patients who were admitted to hospital following a fall by updating its falls register; carrying out falls assessments and referring patients to the falls clinic.

- The practice offered extended hours on a Monday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- 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. The practice also offered a GP call back service.
- Appointments could be booked up to two weeks in advance. The practice also released 15 -18 additional slots each Wednesday for appointments on the forthcoming Friday.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments started from between 9am and 9.30am to 12.30pm and 2.30pm to 6pm daily. Extended hours appointments were offered on Mondays and Wednesdays up to 7.30pm. 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 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages.

- 77% of patients were satisfied with the practice's opening hours, the same as the CCG average and comparable to the national average of 78%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% and national average of 73%.
- 52% of patients said that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared to the CCG average of 70% and national average of 76%.

The practice manager had started a patient survey to try to establish the causes and degree of dissatisfaction so that it could be addressed.

Some of the people we spoke with on the day of the inspection told us that they were able to get appointments when they needed them however others stated this was a problem. Just two out of the 12 comment cards we received commented negatively on the appointment system.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice. A record was maintained of all verbal complaints as well as written complaints.

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

- We saw that information was displayed in the waiting room to help patients understand the complaints system.

We looked at five complaints received since January 2016 and found that these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual

concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff had received training on the complaints procedure as a result of a patient being told, incorrectly, that verbal complaints would not be accepted.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was proactive in seeking ways to continue to provide a service in line with its vision and also to be financially viable.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP was approachable and always took the time to listen to all members of staff.

The GP was aware of the requirements of the duty of candour but other staff were not familiar with the terminology. (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). Nevertheless, staff were able to describe actions they had taken which

were in keeping with the duty of candour. The GP 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 held regular 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a suggestion box in the waiting room as well as a Family and Friends comment box with forms.
- The PPG met regularly, though infrequently, and submitted proposals for improvements to the practice management team. For example, they wanted the appointment system changed due to difficulties in booking appointments, especially online appointments. As a result the practice made changes to its telephone and online booking system.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.
- The practice provided a service to several nursing homes. It had sought feedback on its performance. We spoke to one nursing home and they stated they were satisfied with the service provided.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. We saw, for example one of the receptionists had been supported to undergo training as a health care assistant.