

Dr Sukumaran and Partners

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



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 Sukumaran & Partners on 04 November 2015. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded and monitored, but not appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to information governance and recruitment checks.
- Data showed patient outcomes were mostly comparable to the locality. Although some audits had been carried out, there was no evidence that audits were driving improvement in performance to improve patient outcomes.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The appointment system met the needs of the patients who were able to book ahead and urgent appointments were usually available on the day they were requested. This system was also adaptable to allow for specific patient needs.
- The practice had a number of policies and procedures to govern activity, but these were not complete and lacked review dates. The practice did not hold regular governance meetings and issues were discussed with staff on an ad hoc basis only.
- The premises were visibly clean and tidy but in a poor state of repair with potential risks to staff and patients. Water was seen to be leaking from the ceiling of a consultation room used by one of the locum GP's and in the communal walkways leading to treatment rooms, consulting rooms and the nurse's room. There was considerable damage and staining to walls and ceilings to show this had been a problem for some

Summary of findings

time. This had been reported to the landlord for repairs but action had not been taken and no related risk assessments had been undertaken. Since the inspection we have been provided with written assurance that action is being taken, by the landlord, to improve the building and reduce risks to patient and staff safety.

Systems were in place to ensure medicines including vaccines were appropriately stored and in date.

- Feedback received from patients and observations throughout our inspection showed that staff were kind, caring and helpful. The practice had systems in place to respond to and act on patient complaints and feedback however these were not consistently applied.
- There were ineffective governance systems in place to monitor the safety and the quality of the services provided.
- The staff worked well together as a team.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff. Ensure chaperones have DBS checks in place or a risk assessment to detail why these are not required.
- Be able to demonstrate there are robust policies and procedures in place for infection control and that staff have a good understanding of these. Clinical waste must be stored safely and securely. Address safety issues that have arisen from the damage to the building, including leaks from the roof which affect the safety of patients and staff. Since the inspection visit we have been assured that work is underway to resolve this issue. Implement an effective system for dealing with significant events to ensure they are reported and analysed, and areas for improvement identified and learning shared with relevant staff members. Be able to demonstrate that staff have a sound understanding of information governance in order to protect confidential information. Ensure all staff have appropriate policies, procedures and guidance to carry out their role and that they are aware of their content.
- Ensure prescription pads are stored securely.

- Implement an effective leadership structure that monitors the level of service provided by the practice
- Implement a system to monitor and assess the services provided including a programme of clinical and non-clinical audit to identify where the practice might improve.
- The practice must produce a comprehensive business plan
- The practice must have an information governance policy and ensure staff understand and work in line with this policy.
- Have proper clinical governance policy and actions.

In addition the provider should:

- Review the system in place for complaint handling and investigation to ensure formal lessons learned and actions taken are clearly identified to practice staff and to the complainant.
- Hold regular multidisciplinary meetings and document care plans where appropriate.
- Ensure staff are appropriately trained on the computerised patient record system in relation to the Quality and Outcomes Framework.
- Implement a system to receive and act on feedback from patients.
- Implement a system to obtain feedback from staff and to share information and learning between all staff members.
- Ensure that the practice has a vision and strategy that is shared and discussed with staff.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected within six months after the report is published. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 inadequate for providing safe services and improvements must be made. Staff were not clear about the system in place to report safety incidents or near misses. Although the practice carried out investigations when things went wrong, lessons learned were not communicated to staff and so safety was not improved.

Safeguarding policies were in place to protect the safety of patients and these policies were understood by staff. Emergency medicines and vaccines were stored appropriately and cold chain procedures ensured vaccines were stored properly.

Patients were at risk of harm because systems and processes in place were not effective and were not always implemented in a way to keep them safe. The recruitment policy was not being followed to ensure staff new to the practice were appropriately qualified and experienced.

The practice had a chaperone policy in place and staff had received some training but had not had received a disclosure and disbaring check (DBS) and there were no risk assessments in place to determine why they were not needed. (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 building was in a poor state of repair and put patients and staff at risk. Following our inspection the practice was supported by the landlord to carry out urgent improvements.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were low for the locality. There was no evidence that clinical audit cycles were driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and record keeping was limited. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. All staff had received an annual appraisal and they were being supported through training and development.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey, dated 02 July 2015, showed that patients rated the practice lower than others for some aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to try to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, learning from complaints had been shared with staff.

Good



Are services well-led?

The practice is rated as inadequate for being well-led. It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues. The practice had a number of policies and procedures to govern activity, although some were incomplete. The practice did not hold regular governance meetings and issues were only discussed at ad hoc meetings. The practice sought feedback from patients and had a patient participation group (PPG). All staff had received basic inductions but not all staff attended staff meetings. Staff provided on-going feedback to the practice manager.

Inadequate



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 inadequate for the care of older people. The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nursing staff had roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Multidisciplinary team meetings were held but accurate records and care plans were not recorded.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. A GP partner was the safeguarding lead for the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were similar to the national average for all standard childhood immunisations. Patients told us that children and young people

Inadequate



Summary of findings

were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and facilities were available for children and babies.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice was aware that the age profile of their patients was mainly those of a young working age, students and the recently retired and the services available reflected the needs of this group. The practice offered extended opening hours for appointments at weekends. Patients could not book appointments or order repeat prescriptions online at the time of inspection. Health promotion advice was available and there was a full range of health promotion material available through the practice. The practice offered NHS health checks for patients aged between 40 and 74 years of age.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability. The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe and well-led and requires improvement for effective. They were rated as good for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. According to QOF data only 8.9% of people experiencing poor mental health had a comprehensive care plan documented in the record, in the preceding 12 months, this was much lower than the CCG average of 77.4% and a national average of 88.3%. The practice had recently acknowledged this and was implementing a new policy regarding the diagnosis of depression. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. It carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Most staff had received training on how to care for people with mental health needs.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 02 July 2015 showed the practice was not always performing in line with local and national averages. There were 119 responses and a response rate of 31.4%.

- 69.1% found it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73.3%.
- 80.1% found the receptionists at this surgery helpful compared with a CCG average of 87.5% and a national average of 86.8%.
- 54.6% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 68.3% and a national average of 60%.
- 82.5% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86.8% and a national average of 85.2%.
- 91.9% said the last appointment they got was convenient compared with a CCG average of 93.3% and a national average of 91.8%.

- 54.3% described their experience of making an appointment as good compared with a CCG average of 73.6% and a national average of 73.3%.
- 64.6% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 74.3% and a national average of 64.8%.
- 59.4% felt they didn't normally have to wait too long to be seen compared with a CCG average of 67% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were mostly very positive about the standard of care received, many of these personally commended members of staff for their caring attitudes. There were five comment cards describing difficulties in getting an appointment, this issue was also raised by member of the PPG who we spoke with.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff. Ensure chaperones have DBS checks in place or a risk assessment to detail why these are not required.
- Be able to demonstrate there are robust policies and procedures in place for infection control and that staff have a good understanding of these. Clinical waste must be stored safely and securely. Address safety issues that have arisen from the damage to the building, including leaks from the roof which affect the safety of patients and staff. Since the inspection visit we have been assured that work is underway to resolve this issue. Implement an effective system for dealing with significant events to ensure they are reported and analysed, and areas for improvement identified and learning shared with relevant staff members. Be able to demonstrate that staff have a sound understanding of information governance in order to protect confidential information. Ensure all staff have appropriate policies, procedures and guidance to carry out their role and that they are aware of their content.
- Ensure prescription pads are stored securely.
- Implement an effective leadership structure that monitors the level of service provided by the practice
- Implement a system to monitor and assess the services provided including a programme of clinical and non-clinical audit to identify where the practice might improve.
- The practice must produce a comprehensive business plan
- The practice must have a information governance policy and ensure staff understand and work in line with this policy.
- Have proper clinical governance policy and actions.

Summary of findings

Action the service **SHOULD** take to improve

- Review the system in place for complaint handling and investigation to ensure formal lessons learned and actions taken are clearly identified to practice staff and to the complainant.
- Hold regular multidisciplinary meetings and document care plans where appropriate.
- Ensure staff are appropriately trained on the computerised patient record system in relation to the Quality and Outcomes Framework.
- Implement a system to receive and act on feedback from patients.
- Implement a system to obtain feedback from staff and to share information and learning between all staff members.
- Ensure that the practice has a vision and strategy that is shared and discussed with staff.

Dr Sukumaran and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a CQC Inspection Manager

Background to Dr Sukumaran and Partners

This practice is located in Canvey Island, Essex and at the time of our inspection, there were 7238 patients on the practice list. Of these patients there was a higher than average percentage of patients aged between 10 to 24 and 50 to 74, and a lower than average percentage of patients aged between 25 to 39.

The practice has one female and two male GP partners, one nurse practitioner, one practice nurse, one associate practitioner and a healthcare assistant. There is a practice manager, an administrator, five receptionists and a secretary. The practice is open 8.30am to 6.30pm Monday to Friday. Patients requiring a GP outside these hours are directed to an external out of hours service via 111.

The practice has a GMS (General Medical Services) contract and also offers enhanced services: including adult and child immunisations, extended hours, learning disabilities health checks and minor surgery.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under section 60 of the Health and Social Care Act 2008.

We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 04 November 2015. During our visit we spoke with a range of staff including GPs, nurses, practice manager and receptionist and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the

Detailed findings

personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for recording significant events, but there was an absence of a policy to support staff in recognising and reporting such events. Three members of staff spoken with were not clear on the process to follow or how to recognise or report a significant event other than speaking to the practice manager. There was no evidence to reflect that patients affected by significant events were contacted and explanations provided.

We viewed 10 significant events that had been recorded in the last 12 months. In most cases it was not clear they had been discussed at a clinical or managerial level and there was a lack of consistency in identifying learning points and action plans. Due to a lack of detail in the significant event analysis it was not clear whether areas for improvement had been actioned or followed-up to ensure improvements had been maintained.

We discussed this with the practice manager and the GPs on the day of the inspection and identified to them that there was a lack of consistency in the way significant events were recorded, analysed, shared and reflected on to improve the quality and safety of the service provided. They told us they would review their systems and processes.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had processes and procedures in place to keep people safe, which included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 lead GP attended regular safeguarding meetings and

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role but had not received a disclosure and barring check (DBS). There was not a risk assessment in place to identify why a DBS check was not needed.
- There were some procedures in place for monitoring and managing risks to patients and staff. There was a health and safety policy available with a poster displayed in the reception office. The practice had up to date fire risk assessments and one fire drill had been carried out in 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed at the practice. We observed the premises to be visibly clean although in a poor state of repair. The nurse practitioner was the infection control clinical lead. The nursing team had received infection control training but other staff at the practice had not. There was not a specific infection control policy in place to support staff. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The premises were in a very poor state of repair. One consulting room was out of use due to the roof leaking, the water was leaking through electrical light fittings posing a potential safety risk. Leaks also affected several communal areas. There was evidence that this was an on-going issue as there was significant water damage to ceilings and floors. Exterior windows and doors were in a poor state of repair; wooden doors and window frames were rotting.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and storing). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

We found that prescription pads were not being stored securely and had been left in printers in rooms which were left unlocked; not all rooms had the facility to be locked. There were systems in place to monitor their use and record their issue. The practice had one fridge for the storage of vaccines. The nursing team took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy in place and fridge temperatures were checked daily and these reflected that medicines were being stored within the recommended temperature ranges.

- Recruitment checks were not being effectively carried out. We looked at eight staff files and they reflected that appropriate recruitment checks had not been undertaken prior to employment. For example, there was no proof of identification or references for clinical and non-clinical staff, despite this being a requirement of the practice recruitment policy. Registration with the appropriate professional body was not always checked and the appropriate checks through the Disclosure and Barring Service had not been undertaken.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

- Clinical waste was locked in suitable containers but these containers were stored in a public area and were not secured and could be removed by members of the public.

Arrangements to deal with 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 had received basic life support training, however the last training course attended by staff including GPs was in 2013. The Resuscitation Council (UK) states GPs should undertake this training annually.

There was a defibrillator available on the premises and oxygen with adult and children's masks as well as emergency medicines available in the treatment room. There was also a first aid kit and accident book 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 fit for use.

The practice had a comprehensive 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 practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date with the latest guidance. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

When new patients registered with the practice, they were offered a health check and these were adapted to patient's needs, for example patients with learning difficulties were given longer appointments.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The results for the year 2014-15 were 77.3% of the total number of points available, with 4.8% exception reporting.

The most recent QOF data that we reviewed for the year 2014-15 showed areas in which the practice achievement was below the national average. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 8.9% compared to the national average of 88.3%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months was 42.2% compared to the national average of 89.5%.

The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis was 33.3% compared to the national average of 94.7%.

The practice were aware of these shortfalls and trying to address it by implementing a new policy regarding mental health and the diagnosis of dementia.

From discussions with GPs regarding the cancer QOF indicator, we found examples of effective care of terminally ill patients with timely referrals and liaison with Macmillan nurses and other community services that could provide support. The practice told us that the low data was more indicative of incorrect coding on their computerised patient record system and they informed us that they would look at this area to see where they could make improvements.

We reviewed two clinical audits that had been undertaken at the practice. The first related to a review of dermatology and cardiology referrals to determine the referral rate to these services. The second was a review of cancer referrals to determine how many of the referrals were diagnosed correctly in order to identify whether their consultations and diagnoses were effective.

We found that neither audit identified whether the GPs at the practice were working to required clinical standards and they did not include an analysis that identified outcomes or where improvements could be made to the quality of their consultations.

Effective staffing

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

- The practice had a basic induction programme for newly appointed non-clinical members of staff. This did not include identifying the training needs of new staff working at the practice.
- The learning needs of staff were partially identified through a system of appraisals, and on-going assessments of practice development needs. Staff had access to training to meet these learning needs and to

Are services effective?

(for example, treatment is effective)

cover the scope of their work. This included ongoing support, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, equality and diversity and basic life support. We found no evidence that staff had received information governance training in order to ensure that patient confidentiality was being maintained. Non-clinical staff had not received fire safety training but had a good understanding of what to do in case of a fire. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings used to take place but had not taken place for the last three months. Notes from these meetings were not complete and did not outline care plans or reviews.

Consent to care and treatment

Patients' consent to care and treatment was sought 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, assessments of capacity to consent were also carried out in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were then signposted to the relevant service. Smoking cessation advice was available from the associate practitioner. The practice tried to identify patients requiring additional support.

The practice was able to give examples of offering extended support, for example in supporting a patient to lose weight and support for another patient in difficult personal circumstances.

Childhood immunisation rates for the vaccinations given were similar to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.1% to 98.7% and five year olds from 89.2% to 96.4%.

Flu vaccination rates for the over 65s were 64.49%, and 45.75% for the at risk groups. These were below national averages of 73.24% and 52.29% respectively.

The practice's uptake for the cervical screening programme was 83.8%, which was above the national average of 81.88%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

We found 25 of the 31 patient CQC 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. We also spoke with seven members of the patient participation group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also viewed 14 letters and cards of thanks to practice staff for their support and caring attitudes.

Results from the GP national patient survey from July 2015 reflected that the practice were below the Clinical Commissioning Group (CCG) local and national averages for some patient satisfaction rates. For example;

- 80.6% said the GP was good at listening to them compared to the CCG average of 83.2% and national average of 88.6%.
- 79.8% said the GP gave them enough time compared to the CCG average of 84.3% and national average of 86.6%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95.2%

- 77.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.5% and national average of 85.1%.
- 91.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90.4%.
- 80.1% said they found the receptionists at the practice helpful compared to the CCG average of 87.5% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also mainly very positive.

Results from the national GP patient survey from July 2015 we reviewed showed patients responded to questions about their involvement in planning and making decisions about their care and treatment and results were below local and national averages. For example:

- 75.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.9% and national average of 86%.
- 71.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76.6% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language. This had recently been used for a patient in the practice.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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, however this was not always being recorded as following discussions with staff we found some carers were not registered appropriately. The practice was working

Are services caring?

towards a comprehensive carers register. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card. This bereavement was not recorded on the computer system and no follow up, for example to provide support to those bereaved, took place.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered an extended hours service at weekends by booking patient appointments at another location within a mile of the practice.
- There were longer appointments available for people with a learning disability, these patients were given one hour for their health checks.
- Home visits were available for older patients/patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were accessible facilities and translation services available.
- The practice had purchased blood pressure monitors to allow patients to monitor themselves at home for a period of time.

Access to the service

The practice was open between 8am and 6.30pm from Monday to Friday. Appointments could be booked from 8.30am to 11.30am and 2.30pm to 6.30pm daily. Extended hours surgeries were offered on Saturday and Sunday between 10am and 4pm at another surgery in the locality; this service was open to all patients on the practice list but was not operated by the practice GPs. In addition to pre-bookable appointments that could be booked up to seven days in advance, urgent appointments were also available for people that needed them. GPs were also able to book further ahead if it was in the best interest of the patient.

People we spoke to on the day gave mixed views on the ability to get through on the phone and access to appointments; particularly when they needed or wanted to

see the same GP. Results from the national GP patient survey from July 2015 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. For example:

- 69.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.6% and national average of 74.9%.
- 69.1% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73.3%.
- 54.3% patients described their experience of making an appointment as good compared to the CCG average of 73.6% and national average of 73.3%.
- 64.6% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74.3% and national average of 64.8%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw a summary of complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint.

However we found that although some complaints had been discussed at clinical meetings there was an absence of record keeping that reflected this had taken place. Action plans had not been put in place and there was not an audit trail to ensure they had been actioned or improvements maintained. This included discussing the findings of complaints with relevant staff members as part of a programme of shared learning.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had an ethos to ensure all patients received quality care consistent across all patient groups. The practice did not have a business plan in place to achieve any values or strategy. The delivery of high quality care was not assured by the leadership or governance in place.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. There was no information governance policy in place that set standards and supported staff working at the practice. We found that staff had not received information governance training in relation to the secure handling of patient information and data.

We found information stating that breaches of confidentiality had occurred on more than one occasion in the practice. We asked the practice manager about one such example and they acknowledged the issue. They told us they would ensure this did not happen again and understood the importance of implementing information governance.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. There was a lead GP for safeguarding and a lead nurse for infection control. Practice specific policies were implemented and were available to all staff. However some key policies were incomplete such as infection control and significant events.

The information used to monitor performance was not relevant, for example audits seen did not drive improvement.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure patient care. They prioritised good quality and compassionate care. The practice had taken steps to improve safety related matters, for example in respect of the premises, however not all

areas of patients safety were given sufficient priority. The partners were visible in the practice and staff told us that they were approachable and take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty but did not encourage information sharing and learning from events. There was minimal evidence of learning and reflective practice.

Staff told us that team meetings for non-clinical staff did not take place. There was a communications book to record any messages or daily issues and these would then be addressed by the practice manager. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues, were confident in doing so and felt supported if they did. Members of staff did not have a structured way in which they could identify opportunities to improve the service delivered by the practice.

There was little innovation or service development.

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

The practice encouraged and valued feedback from patients, gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through complaints received. There was a PPG which met on an irregular basis. Not all those PPG members with whom we spoke during our inspection had been made aware of the previous meeting. The practice decided the GP patient survey was misleading as it did not align with their own views so had not taken any action based on this and were awaiting the results of the next one.

The practice had also gathered feedback from staff through appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. However we did not find that staff meetings were being used effectively to seek ideas from staff about improvements or to cascade the learning from safety incidents and complaints.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not protected patients against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare. Significant events were not being recorded appropriately or learning shared with staff. The registered person had not ensured that staff had sufficient infection control training or that clinical waste was securely stored. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. There were not sufficient systems and processes such as regular audits of the service provided to access, monitor and improve the quality and safety of the service.</p> <p>We found the registered person had not protected the confidentiality of records. Confidential information had not been kept secure at all times, the registered person had not satisfied themselves that staff had received appropriate information governance training to protect patient confidentiality.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person had not protected against the against the risk of inappropriate or unsafe care due to appropriate recruitment checks not being carried out for staff. Staff acting as chaperones had not been subjected to the appropriate DBS checks. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014