

# Dr Thavapalan

## Quality Report

55 Littleheath Road  
Bexleyheath  
Kent  
DA7 5HL  
Tel: 01322 449327

Date of inspection visit: 25 August 2015  
Date of publication: 12/11/2015

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## 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 | 6    |
| What people who use the service say         | 9    |

### Detailed findings from this inspection

|  |    |
|--|----|
| Our inspection team                      | 10 |
| Background to Dr Thavapalan              | 10 |
| Why we carried out this inspection       | 10 |
| How we carried out this inspection       | 10 |
| Detailed findings                        | 12 |
| Action we have told the provider to take | 22 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Thavapalan & Partners on 25 August 2015. Overall the practice is rated as requires improvement.

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. However there was limited use of systems to share, monitor, review information about safety.
- Risks to patients were not always assessed and well managed in relation to recruitment checks and infection control.
- Patients' needs were assessed and care was planned and delivered following best practice guidance, however not all staff had received mandatory training appropriate to their roles.
- 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.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management; however governance arrangements needed to be strengthened to ensure there was a focus on ongoing learning from significant events and safeguarding concerns.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure there are systems in place to assess the risk of the spread of infections by carrying out annual infection control audits.

# Summary of findings

- Ensure that all staff are up to date with mandatory infection control training.
- Ensure adequate recruitment checks are carried out including criminal records checking prior to commencing employment and that comprehensive records of recruitment checks are kept.
- Ensure there are systems in place to assess, monitor and mitigate risks and improve the quality and safety of services provided, for example, ensure staff are aware how to report incidents and there is a clear process to show that learning points identified from significant events and safeguarding concerns are routinely shared amongst all practice staff and clinical audit cycles are completed.

- Ensure there is a formal mechanism in place to obtain feedback from patients.

In addition the provider should:

- Keep a stock of the emergency drug Glucagon on the practice premises for the treatment of diabetes.
- Ensure all staff are aware of the practices' business continuity plan.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where it should make improvement. Staff understood how to raise concerns and were aware of their responsibilities to raise concerns and report incidents. However when things went wrong learning was not always systematically shared and communicated practice wide to aid improvement. There was no clear process on how safety alerts were shared and actioned.

Recruitment checks were not thorough as not all staff had two references from previous employers on file and Disclosure and barring service (DBS) checks were not completed for some staff members who acted as chaperones.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality. 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.

Staff had received training appropriate to their roles however some training needed to be updated including infection control. Infection control training was completed in October 2015 after our inspection. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. However there was no evidence of completed clinical audit cycles or that audit was driving an improvement in performance to improve patient outcomes.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with others for several 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, and made efforts to maintain confidentiality.

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

Good



# Summary of findings

NHS England Area Team and Clinical Commissioning Group (CCG) 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 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy. Staff members were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

Arrangements for governance and performance management did not always operate effectively. The practice had a number of policies and procedures to govern activity. It held regular governance meetings but did not routinely document discussions and learning shared.

We found that the systems in place to monitor and improve quality and identify risk with regard to clinical audits and infection control risk assessments required improvement.

The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions and regular performance reviews.

**Requires improvement**



# 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 provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of older people. All patients had a named GP. The practice was part of the admissions avoidance scheme (a scheme which helps to prevent unnecessary admissions into hospital), patients were given care plans and the practice managers' direct access telephone number so that she could be contacted with concerns at any time during the working day. Queries or concerns were responded to within 24 hours.

Housebound patients who were not on the District Nurse caseload and were not on a disease register were visited by the Health Care Assistant (HCA) who took their blood pressure, collected lifestyle information and carried out spirometry tests so that these patients were not missed. Regular multidisciplinary team (MDT) meetings were held, where older patients were discussed with the district nurses and the palliative care team.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people with long-term conditions. Patients with LTC were seen annually for health checks. The practice had a special interest in diabetes and held clinics every two weeks where insulin was initiated for type 2 diabetes. The practice also worked closely with the community diabetes nurse and other charities and organisations seeking to improve health outcomes for people with diabetes. Multidisciplinary care plans were encouraged and all clinicians were involved in the care of patients with long term conditions.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



# Summary of findings

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

Children were treated as a priority in the practice daily walk-in clinics and children who failed to attend hospital out-patient appointments were followed up to discuss with their parents.

There was a system in place to alert staff to children with safeguarding or potential safeguarding issues, both internally and with the health visiting team, who attended their monthly multidisciplinary team meetings (MDT).

The practice acted as a hub for family planning services for Bexley.

## **Working age people (including those recently retired and students)**

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice provided extended hours on a Tuesday between 6:30pm and 8:00pm, walk-in clinics were held every morning and telephone appointments could be booked.

An electronic prescribing service was used, where prescriptions could be ordered online and via email as well as collection from a local pharmacy. Patients were also able to book appointments online. A text messaging system was used to remind patients of appointments and there was a text messaging consent form for patients who shared a mobile phone to opt out to ensure their confidentiality was maintained. A range of health promotion information was displayed in the waiting area and travel advice and immunisations were offered to patients.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice maintained a learning disabilities register in conjunction with social

**Requires improvement**



# Summary of findings

services and the primary care team. Up to date contacts were held for all the relevant external agencies. This population group was offered an annual health check and there was a carer's register with contact details.

The practice worked with the rapid response team to try to keep patients in their own environment and prevent unnecessary emergency admissions. Vulnerable patients were also offered longer appointments. There were clinical and non-clinical leads for safeguarding. All staff were aware of their responsibilities regarding information sharing and who to report concerns to.

## **People experiencing poor mental health (including people with dementia)**

The provider was rated as requires improvement for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) All patients in this group were seen at least annually for health checks. Efforts were made to involve patients' families and carers in decisions about their care. An assessment including a memory check was offered before a referral to secondary care. The practice had recently updated their dementia register by looking at patient read codes that would suggest that the patient had dementia but were not on the dementia register, the patient records were then looked at to confirm a diagnosis which increased the practices prevalence to bring it in line with national averages.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results published in March 2014 showed the practice was performing in line with local and national averages. Two hundred and fifty-nine survey forms were distributed. There were 115 responses and a response rate of 44%.

- 88% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 72% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 71% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 88% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.

- 71% describe their experience of making an appointment as good compared with a CCG average of 64% and a national average of 73%.
- 37% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 51% and a national average of 58%.
- 37% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were positive about the standard of care received. Patients commented they found staff to be caring and respectful, and they felt involved in decisions about their treatment. We spoke with six patients on the day and their views aligned with these comments.

We also reviewed results from the friends and family test carried out by the practice in July 2015. One hundred and sixty-seven surveys were distributed with 49 responses and a response rate of 29%. Ninety-two percent of patients were extremely likely or likely to recommend the practice to friends and family.

# Dr Thavapalan

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor and three CQC inspectors. The specialist advisor was granted the same authority to enter registered person's premises as the CQC inspectors.

### Background to Dr Thavapalan

The practice is a member of Bexley Clinical Commissioning Group (CCG) and is one of 28 member practices. It comprises of one male GP, two salaried male GPs, a part time practice nurse and a full time health care assistant. There is a full time practice manager and eight administrative and reception staff. The practice operates from one location. Compared to the national average, they have a higher number than average number of patients aged 65 years and above.

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

The practice provides primary medical services through a Personal Medical Services (PMS) contract. A PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a range of services including long term condition management, minor surgery, health promotion, smears, child and adult immunisations, family planning, maternity, smoking cessation and counselling to just over 4,700 patients in the Bexleyheath area of Bexley.

The practice is open from 8.00am to 6.30pm Monday to Friday. Appointments are available from 8.30am to 12.30am and from 3.00pm to 6.00pm Monday to Friday. The practice provides a sit and wait clinic on weekday mornings between 10.00am and 11.00am where patients who attend during these hours are seen by a GP. Extended hours are provided between 6.30pm and 8.00pm on Tuesdays.

The practice has opted out of providing out-of-hours services to their own patients and these services are provided by a contracted out of hours service.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider has not been inspected before and that was why we included them.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

# Detailed findings

## 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 and asked other organisations to share what they knew. We carried out an announced visit on 25 August 2015. During our visit we spoke with six patients and a range of staff including the lead GP, one salaried GP, a nurse, a healthcare assistant, a practice manager and two administrative and reception staff. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We looked at how medicines were recorded and stored.

# Are services safe?

## Our findings

### Safe track record and learning

The practice did not have a clearly defined system in place for reporting significant events. Events were not always logged and learning was not always shared with relevant staff. Staff told us that they would report any incidents in the first instance to the practice manager or GP. The practice had a significant event protocol, but it had not been version controlled or dated. The practice had two significant event analyses for 2014/2015, which we reviewed, however none for 2015/2016. Of the 2 significant events that we saw, one related to the prescribing of a high-risk medicine, Methotrexate where a patient was prescribed the drug without having a recent blood test. Minutes of a clinical meeting dated March 2015 were seen and showed this event had been discussed with the GPs, nurse, health care assistant (HCA) and the practice manager and an action plan was put in place to ensure that there was a system for checking that patients had a recent blood test before this drug was prescribed.

There was an accident record book which recorded incidents, but there were no meeting minutes which showed that these incidents were discussed at the practice. We were given an example of a near miss that had occurred, which involved a patient tripping on raised flooring in the reception entrance. Action was taken to correct the flooring, which we were shown but the incident itself had not been recorded.

There was no clear process for how safeguarding incidents and concerns were discussed as a practice. There was also no clear process for sharing national safety alerts. We were told that the practice manager received alerts via email, forwarded them to clinical staff, and the practice nurse actioned them. However, the nurse told us that she did not action alerts and the practice was unable to provide examples of when alerts were actioned or minutes of when they were discussed at practice meetings.

### Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe:

- Arrangements were in place to safeguard adults and children from abuse, which reflected relevant legislation

and local requirements, and policies were accessible to all staff members. There were safeguarding posters on display in staffing areas and there were clinical and non-clinical staff leads for safeguarding. Staff demonstrated they understood their responsibilities, we saw evidence of e-learning certificates which showed that all non-clinical staff had been trained to level 1 and the GPs had been trained to level 3. The practice also told us that safeguarding training had been carried out by the CCG lead at the practice development day in June 2014. We saw minutes for this meeting.

- A poster was displayed in the waiting area advising patients that they could ask for a chaperone if they wanted, and the practice had a chaperone policy in place. Reception staff told us that they acted as chaperones, online e-learning chaperone training certificates were seen for all reception staff, and they were able to describe what they do when asked to chaperone patients.
- A health and safety policy was seen, as was a fire protocol and an external fire risk assessment, fire extinguishers were checked regularly. A weekly fire alarm testing log was kept in reception and fire drills were carried out annually. The practice manager gave an example of doing a risk assessment around the entry to the practice building for wheelchair users which led to the introduction of a ramp.
- Evidence of electrical safety testing was seen, an external electrical company conducted an inspection in May 2015, but there were discrepancies with the check date stickers that were left on equipment, the practice said that it would follow up the discrepancy with the company. We saw that calibration certificates for clinical equipment were in date. A Legionella assessment was passed in March 2015 and an asbestos survey report was seen for November 2012.
- Appropriate standards of cleanliness and hygiene were followed. The practice nurse was the clinical lead for infection control and all staff were aware of who the clinical lead was. There was an infection control policy in place, all staff members we spoke with were knowledgeable of the infection control processes, but had not received infection control training. This training was completed in October 2015 after our inspection. The practice had booked an infection control audit for

## Are services safe?

October 2015; however the last audit had been completed in 2012. Clinical waste was disposed of securely and a cleaning schedule was maintained and monitored.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe included obtaining, prescribing, recording, handling, storing and security. All emergency medications, immunisations and vaccines were checked and were in date. The practice worked closely with the prescribing team at the CCG who supported them to carry out medication audits and ensure that their prescribing was in line with best practice. National Institute for Health and Care Excellence (NICE) guidance was also followed. Prescription pads were securely stored, there was a system in place to log the order and receipt of prescriptions, and pads were not taken on home visits to prevent loss. We checked the GP's bag which was used for home visits. The bag contained: Glycerol Tri Nitrate sub-lingual spray, Dispersible Aspirin 75mg, injectable Epinephrine, Ventolin inhaler and a volumising spacer which was out of its original packaging, Cefotaxime, Benzyl Penicillin Sodium, all of which were in date. However there were no drugs available such as Glucagon on the premises to provide treatment for diabetes.
- Recruitment checks were carried out; however not all staff had two references from previous employers on file. An agency was used to book locums who provided

assurance they had the necessary skills, qualifications and had undergone the necessary recruitment checks before starting work. Disclosure and Barring Service (DBS) checks were not in place for some non-clinical staff members who acted as chaperones. These 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. Risk assessments had not been carried out for those members of staff who had not had a DBS check.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on all computers which alerted staff to emergencies. All staff received annual basic life support training and emergency medicines were available in one of the treatment rooms. A defibrillator was available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which highlighted the use of a buddy practice that would provide a consultation room. The plan included emergency contact numbers for staff. Not all staff were aware of continuity arrangements, but they reported having staff contact numbers in their phones in case of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatments 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 ensure all clinical staff were kept up to date. The practice GPs attended courses to gain access to the most recent guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.

### 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.

Results for 2013-2014 were 91.7% of the total number of points available with 4.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. National data we reviewed showed;

- Performance for diabetes related indicators was lower than expected in 2014 but had increased by 19% at the time of our inspection. For example, 61.92% of patients in 2014 had a last blood pressure reading of 140/80mmHg or less compared with a national average of 78.55%, but this increased to similar levels at 74% in 2015.
- The percentage of patients with mental health problems who had a comprehensive care plan was 76.47%, which was lower than the national average of 86%.
- Performance for diagnosing patients with dementia was similar to expected compared with national data. For example; the dementia diagnosis rate was 0.4, which was similar to the national average of 0.54. Performance for undertaking reviews of these patients was lower at 65.22% compared to a national average of 83.83%

We were told that the practice had the 4th lowest scores for unplanned hospital attendances in the CCG area. Data we reviewed showed that between 2013 and 2014, the practice had 5.9 emergency admissions compared to a national average of 13.6. This was an indication that patients' health conditions were being monitored and reviewed effectively to reduce the need for them to access emergency services.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Two clinical audits had been carried out in the last two years however none of these were completed audit cycles where the improvements made were implemented and monitored.

Information about patients' outcomes was used by the practice to make improve its diabetes related performance by 19% over a period of two months by improving the screening of patients with diabetes.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning and training 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical and administrative supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Clinical staff were encouraged to undertake continuous professional development to maintain their skills and qualifications and records of these were maintained.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training however not all of these modules had been completed.



# Are services effective?

## (for example, treatment is effective)

Not all staff were up to date with infection control training but we were provided with evidence that this training was completed in October 2015 after our inspection.

- A locum pack was held in the reception area to be given to locum GPs before their clinic started. Reception staff reported that the pack usually contained a sheet giving referral guidance, but this could not be found.

### 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 National Health Service (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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Systems were in place to receive information about patients attending emergency services, in order to monitor their conditions to ensure that patients were receiving the appropriate care and treatment.

### Consent to care and treatment

Patients' consent to care and treatment was always 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 audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

All but one GP we spoke with demonstrated a good understanding of Gillick consent in relation to children aged under 16. Children attending without their parent or guardian were referred to the GPs to assess whether they had the maturity and understanding to make decisions about their care and treatment.

### 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, smoking and alcohol cessation and weight management. Patients were then signposted to the relevant service. Advice for smoking cessation, sexual health, diet and weight management was available from the practice nurse, for patients of all ages.

We saw that the practice had a wide range of clearly displayed health promotion leaflets and posters in the waiting area such as for health checks for 40 - 74 year olds and child immunisation.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85.54%, which was higher than the national average of 81.89%. There was a system in place to offer telephone and written reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given to children aged under 12 months were 82.5%; rates for two year olds ranged from 54.9% to 80.4% and for five year olds were 75.9%. There was no CCG or national data to compare these figures to.

Flu vaccination rates for the over 65s were 78.34%, and at risk groups 62.73%. These were also above CCG and national averages.

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 years. Patients

## Are services effective?

(for example, treatment is effective)

we spoke to told us they had received invitations for health checks such as cervical screening. 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.

We observed that some conversations at the reception desk could be heard in the waiting area. Reception staff were unable to provide a private room for patients wishing to discuss sensitive issues but they made efforts to maintain patient confidentiality.

All of the 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Feedback from patients we spoke to on the day mostly aligned with these views however two patients reported that they were not given enough time during consultations with their GP. One patient told us that her GP had failed to fully explain possible medication side effects on one occasion but emphasised that they received an apology after the incident and felt that things had improved since.

We reviewed the most recent data available from the 2014 national GP patient survey. Results showed that patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was mostly comparable to local area and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.

- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 79% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 90% 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 90%.
- 72% patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

### 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 positive and aligned with these views.

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

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Staff told us that translation services were available for patients who did not use English as a first language. We saw notices in the reception areas informing patients this service was available.

### 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 had systems in place to alert GPs to patients who were carers.

## Are services caring?

There was a practice register of all people who were carers. Twenty-two percent of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. 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, 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

We found that the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.

The practice had implemented an unplanned admissions scheme in conjunction with the CCG. Eighty patients were registered for this scheme and we saw evidence that individualised care plans had been created and sent to all 80 patients to address their treatment needs and help to avoid unnecessary hospital admissions.

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

- The practice offered extended opening hours once a week and a morning walk-in clinic five days a week.
- Longer appointments were available for patients with asthma, for babies, patients with diabetes, patients attending for smear tests, patients experiencing poor mental health and people with a learning disability.
- Home visits were provided for older patients and housebound patients.
- Priority appointments were available for children. For example, we saw that appointments were brought forward when new parents had concerns about their baby.
- The practice provided translation services for the small proportion of patients who could not speak or understand English. Disabled facilities, hearing loop and translation services were also available. Systems were in place to alert staff to patients who might be hard of hearing or had language barriers. The practice had installed a wheelchair ramp in order to improve access for wheelchair and prams users. Clinical staff had undergone training to recognise signs of female genital mutilation (FGM).

Patients were only able to see a male GP although the practice told us that they offered a chaperoning service to all patients who needed it, and that in some cases they would book a female locum GP for patients who preferred

not to see a male GP. Patients we spoke to were not aware that the chaperoning service was available at the practice, although there was a poster in the waiting room advising patients that they could request a chaperone.

The practice had one registered homeless patient and they informed us that they would continue to register and provide care for homeless patients. We saw a system for flagging vulnerability in individual patient records.

### Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Appointments were available from 8.30am to 9.50am and from 3.00pm to 6.00pm Monday to Friday. A walk-in clinic operated from 10.00am to 11.00am daily. The practice was closed between 12.30pm and 3.00pm daily and all day on Bank holidays.

Extended hours were available on Tuesdays from 6.30pm until 8.00pm for working patients who could not attend during normal opening hours. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on a daily basis. Patients were able to book and manage appointments online via the practice website. Telephone consultations were available daily for patients who could not attend the practice. Patients requiring out of hours care were directed to the contracted provider by ringing the practice telephone number, or by ringing 111, the NHS non-emergency number.

Results from the national GP patient survey carried out in April 2013 - March 2014 showed that patients were satisfied with access to care and treatment. For example:

- 63% of patients were satisfied with the practice's opening hours, compared to the CCG average of 70% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone, which was higher than the CCG average of 61% and national average of 73%.
- 71% patients described their experience of making an appointment as good, which was higher than the CCG average of 64% and national average of 73%.
- 85% patients said were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 79% and national average of 85%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 37% of patients usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 51% and a national average of 58%.

In 2014 the practice consulted with a neighbouring buddy practice to initiate the daily walk-in clinic, which improved the accessibility of appointments for its patients. This was in direct response to the national GP survey which revealed concerns over waiting times and a lack of availability of appointments. The practice also started an online appointment booking system in April 2015 to make the appointment booking process easier for its patients. We saw minutes from a practice meeting where this was discussed. Patients we spoke with told us that they were very satisfied with these changes.

We spoke with six patients, all of whom told us that they were able to get appointments when they needed them and were satisfied with the appointments system. The majority of patients told us they were able to see their preferred GP. We reviewed 17 comment cards which also reflected these views.

### **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.

A poster detailing the practice complaints procedure was displayed at the reception desk. This information was also available on the practice website. Patients we spoke with were not aware of the complaints procedure but were able to articulate a process they would follow if they wished to make a complaint. All the patients we spoke to told us that they felt any complaint they made would be taken seriously by the practice.

The practice kept a complaints log folder and there had been very few formal complaints received. We looked at two formal complaints received in the past 12 months and found that these were satisfactorily handled, dealt with in a timely way and demonstrated openness and transparency.

We saw evidence that the practice discussed complaints at recent practice meetings and saw evidence detailing how the complaints were investigated, reflected upon and actions taken to reduce the likelihood of future incidents. For example, following a complaint from a patient's relative about a delayed cancer diagnosis, the practice carried out a significant event analysis and implemented a policy which would enable its clinicians to better manage patients with a similar condition. We saw that the patient's relative received an apology and was informed of improvements that had been made.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which outlined their objectives and these included providing a high standard of care to their patients, recognising and acknowledging patient needs and maintaining a happy and motivated practice team.

Staff were aware of and showed a good understanding of the practice values and how their roles linked to the objectives of the practice. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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.
- There was a comprehensive understanding of the performance of the practice.
- Arrangements for governance and performance management did not always operate effectively. Risks and issues were not always dealt with appropriately.

There was no evidence that the practice had identified and shared learning from all significant events and safeguarding issues among staff.

A programme of clinical and internal audits was used to monitor quality. We reviewed two audits from the previous year. These included audits on Methotrexate medication and the effect of Calcium and Vitamin D on Osteoporosis, a disease that weakens the bones. However, neither of the audits had been repeated or reviewed to assess whether improvements had been made to patients' outcomes.

### Leadership, openness and transparency

The practice had identified leads for key roles in the practice. These included governance, complaints, infection control and safeguarding. The GP and practice manager were responsible for oversight of the practice. Staff working in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to their views. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings, social outings and staff away days were held. Staff told us that there was an open culture within the practice and they were encouraged to raise any issues at regular team meetings and team away days, and felt supported if they did.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff were complimentary about the leadership and felt part of the team.

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

The practice encouraged and valued feedback from patients. It had gathered feedback through a family and friends test (FFT) on their website, through complaints received, and by monitoring the responses from the national GP patient survey. It had acted on results from the national GP patient survey by implementing a daily walk-in clinic to reduce waiting times for appointments.

The practice did not have an active patient participation group (PPG) or undertake its own practice survey but had plans to do so in the future.

The practice gathered feedback from staff through staff away days and generally through staff meetings, informal discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity  | Regulation  |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to assess the risk of the spread of infections, including those that are health care associated, by not carrying out annual infection control audits.</p> <p>This was in breach of Regulation 12(2)(h) of the Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.</p>   |
| Regulated activity  | Regulation  |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had failed to assess, monitor, mitigate risks and improve the quality and safety of the service. No completed clinical audit cycles had been carried out, there was limited evidence of learning from significant events and incidents and there was no active patient participation group.</p> <p>This was in breach of Regulation 17(1)(2)(a)(b)(e) of the Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.</p> |
| Regulated activity  | Regulation  |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p>  |

This section is primarily information for the provider

## Requirement notices

The registered person had failed to ensure that staff had received mandatory infection control training to enable them to carry out their duties with minimal risk of acquiring and spreading infections.

This was in breach of Regulation 18(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

### Regulated activity

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

### Regulation

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

#### **How the regulation was not being met:**

The registered person had failed to ensure there were robust recruitment processes in place. No Disclosure and Barring Service checks or risk assessment had been carried out on the Health Care Practitioner, or on staff acting as chaperones to patients.

This was in breach of Regulation 19(1)(2)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.