

# Dr Dixit's Practice (also known as Dr Dixit & Dr Kolla)

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Dixit's Practice on 28 April 2015. Specifically, we found the practice to require improvement for providing safe and effective services and for being well led. They were rated as good for providing caring and responsive services.

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

- Staff were not clear about their responsibilities to raise concerns and report incidents and near misses. However, the practice had a process in place for reporting them.
- Some risks to patients and staff were not assessed and systems and processes were not fully implemented to keep patients safe. For example, there was no recruitment policy and the calibration of medical equipment was out of date.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. We saw a system of clinical audit to improve outcomes for patients.
- Staff had not received training appropriate to their roles; for example, they had not received fire or health and safety training. There was an appraisal system in place; however staff had not received an appraisal since April 2013.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Data showed that patients rated the practice mostly higher than the clinical commissioning group (CCG) averages for being caring.
- Most patients we spoke with and those who completed CQC comment cards indicated they felt they could obtain appointments, including urgent appointments, when needed.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- The practice proactively sought feedback from patients and had an active patient participation group (PPG)
- There was a vision and a strategy for the future and a leadership structure and staff felt supported by management. However, some of the systems and processes which should have been in place to keep patients and staff safe were not in place.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure systems and processes are established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.
- Ensure staff receive appropriate training and appraisal in order to carry out the duties they perform.
- Ensure recruitment procedures are established and that they operate effectively.

In addition the provider should:

- Take steps to monitor equipment to ensure it is in date and suitable for use.

**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 they should make improvements. Some staff were not clear about their responsibilities to raise concerns, and to report incidents and near misses. However, there was a process in place for reporting them. Some risks to patients who used the services were assessed, however the systems and processes were not implemented well enough to ensure patients and staff were kept safe. For example there was no recruitment policy therefore, expectations, legislation and requirements for the recruitment of staff had not been followed. The calibration of medical equipment was out of date.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services as there are areas where they should make improvements. Staff had not received training appropriate to their roles, for example they had not received fire or health and safety training. There was an appraisal system in place; however staff had not received an appraisal since April 2013. Data showed patient outcomes were above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. We saw evidence that audit was driving improvement in performance to improve patient outcomes. Staff worked with multidisciplinary teams.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice mostly higher than the clinical commissioning group (CCG) averages for being caring. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They reviewed the needs of their local population to secure improvements to services where these were identified. Most patients said they found it easy to make an appointment, with

Good



# Summary of findings

urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated as requires improvement for providing well-led services as there are areas where they should make improvements. They had a vision and a strategy for the future and knew how they wanted to improve the services they provided. There was a leadership structure and staff felt supported by management; however they had not received regular performance reviews or some mandatory training. The practice had some policies and procedures to govern activity. There was a system of clinical audit in place to improve patient outcomes. Regular staff meetings were held. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

**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 practice is rated as requires improvement for the care of older people. There are aspects of the practice that require improvement and therefore this impacts on all population groups. All patients over the age of 75 had a named GP and were invited to the practice for an over 75 health check. Patients over the age of 65 were offered the pneumococcal and flu vaccine and attendance rates for this in the last season were 94%. The health care assistant and practice nurse carried out home visits to patients who were unable to attend the surgery during the winter flu vaccine season and were able to administer the vaccine if appropriate and carryout a health check. The practice had a palliative care register and had monthly multidisciplinary meetings to discuss patients and their families' care and support needs.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There are aspects of the practice that require improvement and therefore this impacts on all population groups. There were clinical leads for the management of long term conditions which were shared between the GPs and practice nurse. One of the GPs led on chronic obstructive pulmonary disease, (COPD), diabetes and mental health. The other led on palliative care and learning disabilities. There were practice nurse led clinics for COPD and diabetes. There were recall systems in place and patients were offered an annual health check. We saw the practice achieved maximum Quality and Outcomes Framework (QOF) points available to them for all of the chronic conditions, for example, 100% for COPD which was above the CCG and England averages by 2.9 and 4.8 points. All patients with chronic conditions were offered a pneumococcal and flu vaccines in the last year and the take up rate was 76.9%.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There are aspects of the practice that require improvement and therefore this impacts on all population groups. The practice offered child health clinics for children under the age of five in conjunction with the health visitor, practice nurse and a GP; immunisations were available for all children. There were also antenatal clinics. Last year's performance for immunisations was above the averages for the Clinical

**Requires improvement**



# Summary of findings

Commissioning Group (CCG). For example, infant meningococcal C (Men C) vaccination rates for two year old children were 97.3% compared to 97.2% across the CCG; and for five year old children were 100% compared to 97.9% across the CCG.

The practice had recently participated in 'Dr Spike's Fun Day', a health awareness promotion day for parents of young children which was held at the local Surestart Centre (centres which provide access to a range of early childhood services). The GP registrar and two reception staff took part in this day. Feedback was taken from the parents and the practice assisted in designing a leaflet for parents on services available to them from primary and secondary care.

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There are aspects of the practice that require improvement and therefore this impacts on all population groups. The needs of the working age population (including those recently retired and students) had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care. The practice found telephone consultations worked very well for the working age population. There was on-line access available to book appointments and order repeat prescriptions. There was a text and reminder messaging service. Patients over the age of 45 were offered a blood pressure monitoring check, the target of 92% was achieved.

**Requires improvement**



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

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There are aspects of the practice that require improvement and therefore this impacts on all population groups. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and organisations. Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. The practice maintained a register for patients with a learning disability; there were 17 patients on the register of which 82% (14) had received an annual health check. The practice had joint working with services for patients with drug and alcohol addiction. They also signposted patients to support organisations such as Turning Point. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that require improvement and therefore this impacts on all population groups. There was a register for those experiencing poor mental health. Referrals for support were available with MIND and other services who could offer support.

If dementia was suspected referrals were made to the local memory clinic. Staff at the practice had received dementia friends training and a member of staff had been identified as a dementia champion and was to receive training for this.

**Requires improvement**





# Summary of findings

## What people who use the service say

We spoke with nine patients during the inspection, including two members of the Patient Participation Group (PPG). All of the patients we spoke with gave us positive feedback about the practice. Words used included brilliant and very good. Patients described the staff as friendly, lovely and helpful. Most patients said they could obtain an appointment easily.

We reviewed 27 CQC comment cards completed by patients prior to the inspection. Comments were overwhelmingly positive. Patients praised the care they received, words used included excellent and caring. Comments included positive feedback about the staff who they found to be helpful, friendly and caring. Several comments included how clean they thought the surgery was. There were four comment cards with negative comments although all four praised the service they received. Two commented that they found it difficult to get to see a doctor and two were unhappy with the system of telephone consultations.

The latest GP Patient Survey published in January 2015 showed the majority of patients were satisfied with the services the practice offered. The majority of patients who responded described their overall experience as good. (88% compared to a national average of 79%)

The three responses to questions where the practice performed the best when compared to other local practices were:

1. 92% of respondents usually wait 15 minutes or less after their appointment time to be seen (Local clinical commissioning group (CCG) average: 70%)
- 70% of respondents with a preferred GP usually get to see or speak to that GP (Local (CCG) average: 62%)

- 97% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care (Local (CCG) average: 89%)

The three responses to questions where the practice performed least well when compared to other local practices were:

- 70% of respondents describe their experience of making an appointment as good (Local (CCG) average: 77%)
- 90% of respondents say the last appointment they got was convenient (Local (CCG) average: 93%)
- 84% of respondents were able to get an appointment to see or speak to someone the last time they tried (Local (CCG) average: 85%)

These results were based on 120 surveys that were returned from a total of 341 sent out; a response rate of 35%.

The practice carried out its own survey in March 2015. The purpose of this was to review patient satisfaction in relation to the telephone consultation system, which had been introduced recently. 101 patients responded to 150 surveys which were sent out, a response rate of 67.3%.

From this survey 82% of patients said they were satisfied with the overall service from the practice. Responses to the questions regarding the telephone system were;

- Patients aware of the telephone consultation system - 99%
- Patients who find it easy to get through to the surgery by telephone - 75%
- Patients who like the telephone consultation system - 41%

## Areas for improvement

### Action the service MUST take to improve

- Ensure systems and processes are established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.
- Ensure staff receive appropriate training and appraisal in order to carry out the duties they perform.
- Ensure recruitment procedures are established and that they operate effectively.

# Summary of findings

## Action the service **SHOULD** take to improve

- Take steps to monitor equipment to ensure it is in date and suitable for use.

# Dr Dixit's Practice (also known as Dr Dixit & Dr Kolla)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, and a specialist advisor with experience of GP practice management.

### Background to Dr Dixit's Practice (also known as Dr Dixit & Dr Kolla)

The area covered by Dr Dixit's Practice is primarily the postcode areas of NE37 and NE38 although some areas of DH4 (Mount Pleasant and Biddick Woods) and NE9 (Springwell Village) are covered. The practice provides services from one location, The Galleries Health Centre, Washington, Tyne and Wear, NE38 7NQ.

The Galleries Health Centre is a purpose built premises. Dr Dixit's Practice is one of four practices in the health centre. The facility is part of the Galleries shopping complex and the reception area is shared with the local library on the first floor, there is a ramp for easy access. A lift is available to take patients to street level at the rear of the premises, there are two disabled parking bays shared with the other three practices.

The practice has two GPs partners, both are male. The practice is a training practice and at the time of our

inspection there was a female GP registrar working at the practice. There is a practice nurse and one health care assistant. There is a practice manager and six reception and administrative staff.

The practice provides services to approximately 4,900 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England.

The practice is open between 8.30am and 6pm Monday to Friday.

The service for patients requiring urgent medical attention out of hours is through the NHS 111 service and Primecare (Primary Care Sunderland) Sunderland.

### Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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.

# 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 we hold about the practice and asked other organisations to share what they knew. This included the local Clinical Commissioning Group (CCG) and NHS England.

We carried out an announced visit on 28 April 2015. During our visit we spoke with a range of staff. This included GPs, the practice manager, healthcare assistant and reception and administrative staff. We also spoke with nine patients. We reviewed 27 CQC 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

As part of our planning we looked at a range of information available about the practice from the National GP patient survey and the Quality Outcomes Framework (QOF), which is a national performance measurement tool. The latest information available to us indicated there were no areas of risk in relation to patient safety. On the day of the inspection the practice were unable to demonstrate they had a safe track record.

We saw mechanisms were in place to report and record safety incidents, including concerns and near misses, although they were not always followed. Systems and processes to address safety risks such as fire were not fully embedded enough to ensure patients were kept safe, for example, staff had not received health and safety or fire safety training. The practice could therefore not demonstrate a consistent safe track record over the long term.

### Learning and improvement from safety incidents

The practice manager and GP partners told us there was a system in place for reporting, recording and monitoring significant events, incidents and accidents. The practice manager and GPs told us that significant events were discussed as soon as practicable at either monthly clinical governance meetings or monthly staff meetings. Where incidents and events met the threshold criteria, these were also added to the local CCG Safeguard Incident & Risk Management System (SIRMS). We saw a log of significant events in the last twelve months, there were seven events recorded.

The practice manager explained there was a form for staff to complete regarding to document significant events. This form was not always completed. They gave us an example of where staff raised concerns regarding the behaviour of a patient which was discussed at a staff meeting and a zero tolerance letter was sent out. The form to document this was not completed and therefore learning from this would not be captured with other incidents. Most staff we spoke with were unclear about the significant event process and not fully aware of what it was or the reasons for it.

National patient safety alerts came to the practice via the practice manager and some went to the GPs own email addresses. The practice manager had responsibility to

disseminate the alerts they received to the most appropriate member of staff. The practice manager would then ensure the appropriate staff read them as they were forwarded on the practice computer system. However, the practice manager said they had identified that this was an area they could improve in terms of documentation. They did not have overall control over the safety alerts which went to the GPs and they could not be sure that all GPs saw the alerts which they needed to. The practice manager explained they were soon to have a new document system introduced into the practice as part of their computer system which they hoped would improve this process.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Safeguarding issues were discussed at the monthly multi-disciplinary meeting on the second Tuesday of each month. They were attended by the health visitor and social worker, the school nurses were to be invited in the forthcoming month. The practice had a dedicated GP appointed as the lead for both safeguarding vulnerable adults and children. The GP told us and we saw from staff files that the practice nurse and health care assistant had been trained to level 3 for safeguarding children.

Staff training records showed that all staff had received safeguarding children training appropriate to their role. However some staff had not received safeguarding adults training. Staff we spoke with were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. There were safeguarding flowcharts for staff to follow in all clinical rooms and in reception.

A notice was displayed in the patient waiting areas to inform patients of their right to request a chaperone. The practice had a chaperone policy which had been reviewed in September 2014, however this policy did not set out the need for non-clinical staff who acted as chaperone to have had a disclosure and barring (DBS) criminal record check. Staff and the practice manager told us that usually the practice nurse acted as chaperone; however some non-clinical staff had been trained to carry out this role and were occasionally used. Staff we spoke with were aware of the requirements for the role of chaperone. However, staff

# Are services safe?

including the practice nurse had not received a DBS check. The practice manager assured us that the process to have DBS checks carried out on staff was to start after our inspection.

## Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found all medicines were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, this described the action to take in the event of a potential failure. Stock control of medicines was managed by the practice nurse.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. Blank prescription forms were handled according to national guidelines and were kept securely.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. We saw an example of the process that was followed when a patient's medication had been changed following a visit to hospital. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary.

## Cleanliness and infection control

We saw the practice was clean and tidy. Patients we spoke with told us they were happy with the cleanliness of the facilities. Comments from patients who completed CQC comment cards reflected this.

The practice had an infection control policy in place to monitor the prevention and control of infection. The practice nurse was the infection control lead and we saw in their training file they had received infection control link practitioner training in March 2015. However, the practice had not carried out an infection control audit. There was no explanation given as to why this had not happened.

The risk of the spread of infection was reduced as all instruments used to examine or treat patients were single use, and personal protective equipment (PPE) such as aprons and gloves were available for staff to use. The treatment room had walls and flooring that was easy to clean. Hand washing instructions were displayed by hand basins and there was a supply of liquid soap and paper

hand towels. The privacy curtains in the consultation rooms were disposable and had the date written on them when they were last changed. There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades.

The surgery was cleaned by NHS property company. We saw there were schedules of what the cleaner needed to clean and how often. The practice manager made regular checks to ensure these were being followed.

We asked about legionella (bacteria found in the environment which can contaminate water systems in buildings) risk assessment. We were told that NHS property services were responsible for this assessment and they did not provide copies to the practice. The practice manager contacted them prior to our visit and they confirmed that a legionella risk assessment was carried out at the health centre every two years.

## Equipment

We looked at the stickers on electrical equipment to see when the last portable appliance testing (PAT) had been carried out. This was variable. The computers had stickers on them which indicated they had been tested in August 2014; however other electrical equipment such as the ECG machine did not seem to have been tested since November 2013. We brought this to the attention of the practice manager who said it was NHS estates who carried out his function and she thought it was up to date and would chase this up.

We looked at the stickers on the medical devices which needed to be calibrated such as blood pressure monitoring machines and weighing scales. We saw the last testing date was November 2013. The practice manager said this had been overlooked. They showed us the last certificate which was November 2013. The company who carried out this service were due to come and carry out testing the Thursday following our inspection.

## Staffing and recruitment

We asked to see the practice's recruitment policy. However, the practice did not have a recruitment policy. The practice manager gave us a copy of the staff handbook which we explained did not set out the expectations, legislation and requirements for the recruitment of staff.

We looked at a sample of four staff files, of which, two of the staff members had been recruited in the last two years. There were no interview notes in any of the files. Each

## Are services safe?

member of staff had produced evidence of identity. In the case of the two most recent members of staff one reference had been taken up with the previous employer. The practice nurse, health care assistant or administration staff had not received a DBS check whilst working at the practice. The practice manager assured us that DBS checks were to be applied for after our visit.

Checks of clinical staff's professional registration, such as General Medical Council (GMC) were carried out on a yearly basis and held on a spreadsheet. We also saw evidence of medical indemnity insurance for all clinicians employed at the practice.

The practice manager told us it was relatively easy to plan and monitor the number of staff and mix of staff needed to meet patients' needs due to the practice being small. The practice manager received support from another practice in the building if there were sickness issues. If locums were used the practice vetted the locums themselves and we were shown an example of a locum's file.

### **Monitoring safety and responding to risk**

The premises was owned and maintained by NHS property services. The practice manager told us this worked well and the premises was adequately maintained. However, because of this we had problems accessing documentation to confirm some of the arrangements. We were told that the fire risk assessments were held by NHS property services and the practice did not have a copy. There were

weekly tests of the fire equipment and the last fire evacuation drill was in 2014. Staff were aware of where to assemble in case of a fire. Only one member of staff had received fire training.

There was a health and safety risk assessment for each room in the surgery including the reception area. Staff had not received health and safety training. The practice manager was booked to go on health safety training in May 2015.

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

The practice had arrangements in place to manage emergencies. Staff training records showed they had all received training in basic life support. Emergency equipment was available including access to oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency). Staff we spoke with knew where this equipment was kept and confirmed they were trained to use it. They also showed us the emergency medicines which were available in a secure area of the practice and all staff knew of their location. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. This had been updated regularly and contained relevant contact details for staff to refer to, for example who to contact if the heating system failed.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance, accessing guidelines from the National Institute for Health and Care Excellence (NICE). We found from our discussions with the GPs that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate.

There were care plans in place for 2% of the practice population with the most complex needs to help avoid unplanned admissions into hospital. This included patients who were pre-diabetic, diabetic, elderly and those with heart and renal failure. Every admitted medical patient was reviewed to see if the hospital admission could have been prevented.

We reviewed the most recent Quality and Outcomes Framework (QOF) results for the practice for the year 2013 / 2014. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. We saw the practice had achieved a score of 99.5% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was above both the local Clinical Commissioning Group (CCG) by 5 percentage points and England averages by 6 percentage points.

There were clinical leads for the management of illnesses and long term conditions which were shared between the GPs and practice nurse. One of the GPs led on chronic obstructive pulmonary disease, (COPD), diabetes and mental health. The other led on palliative care and learning disabilities. There were practice nurse led clinics for COPD and diabetes. There were recall systems in place and patients were offered an annual health check. We saw the practice achieved maximum QOF points available to them for all of the chronic conditions, for example, 100% for COPD which was above the CCG and England averages by 2.9 and 4.8 percentage points. All patients with chronic conditions were offered a pneumococcal and flu vaccine in the last year and the take up rate was 76.9%.

Patients we spoke with said they felt well supported by the GPs and nursing staff with regards to making choices and decisions about their care and treatment. This was also reflected in most of the comments made by patients who completed Care Quality Commission (CQC) comment cards. We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

We reviewed a range of data available to us prior to the inspection relating to health outcomes for patients. These demonstrated that the practice was performing better than average, when compared to other practices in England. QOF data showed the practice achieved maximum points for the management of long term conditions such as asthma, chronic obstructive pulmonary disease (lung disease) and epilepsy.

The practice had a system in place for completing clinical audit cycles. We saw two examples of two cycle clinical audits had been carried out in the last year. For example, they included a two-cycle audit by one of the GP registrars overseen by the GP clinical trainer. The purpose of the audit was to assess if the practice was adhering to the guidelines in using an antibiotic used to treat urinary tract infections. The initial audit identified two of the 14 patients (14%) were prescribed incorrectly and one patient's (7%) renal function was not checked. The GP registrar presented their findings and emphasised the importance of re-audit. This was carried out and the antibiotic was prescribed incorrectly in one patients (8%) compared to the previous audit and an improvement seen.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.



# Are services effective?

(for example, treatment is effective)

## Effective staffing

The practice manager explained that staff had all received basic life support and child safeguarding training appropriate to their role. Some staff had started information governance training and some had received safeguarding vulnerable adults training, we saw this in staff files. The practice nurse had received fire safety and health and safety training at a CCG training session, other staff had never received fire or health and safety training. Some staff had received dementia training as the practice manager provided us with an attendance sheet for this. We saw in the practice nurse's staff file they had received training appropriate to their role, for example, cervical smear update and infection control link practitioner training. They had also received fire safety and health and safety training.

We asked the practice manager about the appraisal system for staff at the practice. The practice manager appraised the administration staff; one of the GPs appraised the practice nurse and the practice manager. However, staff appraisals had last been carried out in April 2013. The practice manager said this had been discussed at a practice meeting in 2014 and due to too many changes taking place in the practice they had agreed as a practice that no appraisal would be undertaken that year. They were scheduled to take place in May 2015.

## Working with colleagues and other services

The practice could demonstrate that they worked with other services to deliver effective care and treatment across the different patient population groups. The practice held multidisciplinary team meetings every month. This included meetings regarding child protection and palliative care. These meetings were attended by the practice's GPs and nurse along with district nurses, social workers and palliative care nurses depending upon the meeting. We saw minutes of the meeting held in April 2015.

The practice received a list of unplanned admissions and attendance at accident and emergency (A&E) to support them to monitor this area. This helped to share important information about patients including those who were most vulnerable and high risk.

Blood results, x-ray results, letters from the local hospital including discharge summaries, out-of-hours providers and the NHS 111 service, were received both electronically and by post.

We found appropriate end of life care arrangements were in place. The practice maintained a palliative care register. We saw there were procedures in place to inform external organisations about any patients on a palliative care pathway. This included identifying such patients to the local out-of-hours provider and the ambulance service.

## Information sharing

The practice used electronic systems to communicate with other providers. Electronic systems were in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use and patients welcomed the ability to choose their own appointment dates and times.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

## Consent to care and treatment

We found, before patients received any care or treatment they were asked for their consent and the practice acted in accordance with their wishes. Staff we spoke with told us they ensured they obtained patients' consent to treatment. Staff were able to give examples of how they obtained verbal or implied consent.

GPs we spoke with showed they were knowledgeable of Gillick competency assessments of children and young people. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Decisions about or on behalf of people who lacked mental capacity to consent to what was proposed were made in the person's best interests and in line with the Mental Capacity Act (MCA). We found the GPs were aware of the MCA and used it appropriately. The GPs described the procedures they would follow where people lacked capacity to make an informed decision about their treatment. They gave us some examples where patients did

# Are services effective?

## (for example, treatment is effective)

not have capacity to consent. The GPs told us an assessment of the person's capacity would be carried out first. If the person was assessed as lacking capacity then a "best interest" discussion needed to be held. They knew these discussions needed to include people who knew and understood the patient, or had legal powers to act on their behalf.

### Health promotion and prevention

New patients were required to complete a pre-registration form and a medical questionnaire. All patients were offered a health check and then could be referred to the GP for a further check dependent upon their medical history.

The practice offered a full range of clinics; these included counselling, contraceptive services including family planning, cervical smear screening, smoking cessation, travel and flu vaccinations and management of long term conditions. NHS health checks were offered for patients aged 40 -74. Patients over the age of 45 were offered a blood pressure monitoring check, the target of 92% was achieved. The practice had an electrocardiogram (ECG) machine and the health care assistant ran ECG clinics.

The QOF data for 2013/14 confirmed the practice obtained 100% of the total points available for supporting patients to stop smoking, this was 5.8 percentage points above the local CCG average and 6.3 percentage points above the England average, using a strategy that included the provision of suitable information and appropriate therapy. The data also showed the practice had obtained 100% of the total points available to them for providing

recommended care and treatment for patients diagnosed with obesity. This was in line with the local CCG and England averages. The practice had also obtained 100% of the points available to them for providing cervical screening to women from QOF. This was 0.8 percentage points above the local CCG average and 2.5 points above the England average. The take up of cervical screening in the last five years for woman aged between 25-64 was 81.6% (England average 76.9% and CCG average 78.3%)

The practice offered child health clinics for children under the age of five in conjunction with the health visitor, practice nurse and a GP; immunisations were available for all children. There were also antenatal clinics. Last year's performance for immunisations was above the averages for the Clinical Commissioning Group (CCG). For example, infant meningococcal C (Men C) vaccination rates for two year old children were 97.3% compared to 97.2% across the CCG; and for five year old children were 100% compared to 97.9% across the CCG.

The practice had recently participated in 'Dr Spike's Fun Day', a health awareness promotion day for parents of young children which was held at the local Surestart Centre (centres which provide access to a range of early childhood services). The GP registrar and two reception staff took part in this day. Feedback was taken from the parents and the practice assisted in designing a leaflet for parents on services available to them from primary and secondary care.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice regarding patient satisfaction. This included information from the national GP patient survey. For example, the proportion of patients who described their overall experience of the GP surgery as good or very good was 88%, which was lower than the CCG average of 90%. The proportion of patients who said their GP was good or very good at treating them with care and concern was 90%, the CCG average was 86%. The proportion of patients who said the nurse was good or very good at treating them with care and concern was 87%, the CCG average was 82%.

In the practice's own survey of March 2015 patient feedback included;

- Patients said they were satisfied with the overall service from the practice – 82%.
- The GP listened to patients 81%, spent enough time with the patient – 68% and answered their questions 63%.
- The practice nurse listened to patients 97%, spent enough time with the patient – 96% and answered their questions 95%.

We reviewed 27 CQC comment cards completed by patients prior to the inspection. Comments were overwhelmingly positive. Patients praised the care they received, words used included excellent and caring. Comments included positive feedback about the staff who they found to be helpful, friendly and caring.

We spoke with nine patients during the inspection, including two members of the Patient Participation Group (PPG). All of the patients we spoke with gave us positive feedback about the practice. Words used included brilliant and very good. Patients described the staff as friendly, lovely and helpful.

The practice's own patient survey gave feedback on the reception staff. 98% found them friendly, 92% efficient and 88% thought they were able to explain changes.

We observed staff who worked in the reception area and other staff as they received and interacted with patients. Their approach was seen to be considerate, understanding and caring, while remaining respectful and professional.

People's privacy, dignity and right to confidentiality were maintained. For example, the practice offered a chaperone service for patients who wanted to be accompanied during their consultation or examination. There was not a notice in the reception area which offered patients the opportunity to speak to reception staff in a private room, if necessary.

Staff were aware of the need to keep records secure. We saw patient records were mainly computerised and systems were in place to keep them safe in line with data protection legislation.

### **Care planning and involvement in decisions about care and treatment**

Patients told us they felt listened to by the GPs and practice nurses. They said the clinical staff gave them plenty of time to ask questions and responded in a way they could understand. They were satisfied with the level of information they had been given. Patient feedback on the comment cards we received was also positive and aligned with these views.

From the 2015 National GP Patient Survey, 85% of patients said the GP they visited had been 'good' at involving them in decisions about their care (CCG average was 87%). The data showed that 97% of patients said the practice nurse they visited had been 'good' at involving them in decisions about their care (CCG average 89%).

Staff told us that translation services were available for patients who did not have English as a first language.

### **Patient/carer support to cope emotionally with care and treatment**

The patients we spoke with on the day of our visit told us staff responded compassionately when they needed help and provided support when required. We saw there was a variety of patient information on display throughout the practice. This included information on health conditions, health promotion and support groups.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

There was a palliative care register and regular contact with the district nurses. There were monthly palliative care meetings which involved GPs, district nurses and palliative care nurses.

## Are services caring?

Staff told us that if families had suffered bereavement, a GP would contact them. This call was either followed by a patient consultation at a flexible time and location to meet

the family's needs or by giving them advice on how to find a support service. One of the CQC comment cards completed praised the practice for being supportive when they had received two recent bereavements.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were taken in to account. The staff at the practice including the GPs had worked at the practice for several years which enabled good continuity of care.

A practice development plan had been produced in July 2014 which set out statements as to what the practice hoped to achieve in the next year, for example, the nasal flu vaccine for children aged 2-4 years old. 66.5% were vaccinated in the last year.

All patients over the age of 75 had a named GP and were invited to the practice for an over 75 health check. Patients over the age of 65 were offered the pneumococcal and flu vaccine and attendance rates for this in the last season were 94%. The health care assistant and practice nurse carried out home visits to patients who were unable to attend the surgery during the winter flu vaccine season and were able to administer the vaccine if appropriate and carry out a health check, the opportunity was also taken up to update the patients records with carer or next of kin details.

The practice had a palliative care register and had monthly multidisciplinary meetings to discuss patients and their families' care and support needs. The practice worked collaboratively with other agencies and regularly shared information to ensure good, timely communication of changes in care and treatment.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the practice PPG. The group had made suggestions about noticeboards in the waiting areas and action was taken to improve this.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice had access to telephone translation services if required, for those patients whose first language was not English. The practice had a member of staff who was fluent in Lithuanian and Russian; some patients came to the practice specifically because of this.

The practice maintained a register for patients with a learning disability; there were 17 patients on the register of which 82% (14) had received an annual health check. There was a register for those experiencing poor mental health. Referrals for support were available with MIND and other services who could offer support.

The practice had joint working with services for patient with drug and alcohol addiction. They also signposted patients to support organisations such as turning point.

If dementia was suspected referrals were made to the local memory clinic. Staff at the practice had received dementia friends training and a member of staff had been identified as a dementia champion and was to receive training for this.

The surgery was purpose built. All of the treatment and consulting rooms could be accessed by those with mobility difficulties. There was a ramp at the front of the building for easy access. A lift was available to take patients to street level at the rear of the premises there were two disabled parking bays shared with the other three practices in the building.

The practice had male and female GPs, which gave patients the ability to choose to see a male or female GP.

### Access to the service

Most of the patients we spoke with said they could obtain an appointment easily. From the CQC comment cards completed there were four cards with negative comments, although all four praised the service they received, two commented that they found it difficult to get to see a doctor and two were unhappy with the system of telephone consultations. The National GP Patient Survey 2015 showed patient satisfaction was in line with the local averages, 81% of patients were very satisfied or fairly satisfied with the practice opening hours (CCG average 82%). 93% thought the practice was open at times convenient for them (CCG average 94%).

The responses to the practice's own survey in March 2015 on the telephone system were;

- Patients aware of the telephone consultation system - 99%
- Patients who find it easy to get through to the surgery by telephone - 75%
- Patients who like the telephone consultation system - 41%

# Are services responsive to people's needs?

(for example, to feedback?)

The surgery opening times were between 8.30am and 6pm Monday to Friday. The GPs operated a telephone consultation triage system where they would discuss treatment with the patient accordingly or arrange a face to face appointment. Routine appointments could be booked up to two weeks in advance for the GPs, practice nurse and health care assistant. Home visits and telephone consultations were also available. The GPs told us that the GP triage system for appointments had not been popular with patients when it had been introduced but they thought this was the best way forward for the practice in trying to prioritise patients with the most urgent needs and to deliver a service to patients.

Information was available to patients about appointments on the practice website and in the patient information leaflet. This included how to arrange urgent appointments and home visits. There was a separate leaflet giving detailed information about on line services. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients. The practice offered appointments and repeat prescriptions on-line. Repeat prescriptions could also be ordered via fax or at reception. There was a text and reminder messaging service for appointments.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their 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. There was a leaflet called 'Complaints and comments leaflet' available at the reception area. This gave patients information regarding how to make a complaint, explained the procedure and other authorities they could involve in their complaint.

The practice manager supplied us with a schedule of five complaints which had been received in the last 12 months. We looked at two and we found these had both been dealt with in a satisfactory manner.

The practice manager explained complaints were reviewed every year with the PPG, to establish any patterns or trends. The practice kept a folder of thank you cards with positive feedback from patients thanking the practice for their care.



# 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 vision to provide a highly patient focused service with a multidisciplinary approach to patient's healthcare. They aimed to deliver the best care for their patients by combining the skills of the practice team with other health and social care workers in the community.

The practice development plan set out the vision for 2014/15 and set out key steps over this period for the practice. This included education, training and development, clinical governance and prescribing. However, there were no review dates set to monitor progress in the areas identified. There were business meetings held monthly and yearly practice development meetings with the GP partners and practice manager.

The practice told us they had identified the challenges they faced. This included access to staff training, protected time, managing information and patient access and satisfaction. They explained that they were trying to educate the patients in relation to access as they were aware that the GP triage system was not always popular with patients. They were in the process of developing an IT system for the practice on which they could place policies and procedures for the staff to access easily.

The practice were one of five GP practices in the local area who were looking to work collaboratively by forming a federation to provide healthcare services to the community. One of the areas which they were hoping the federation would help them with was access to training.

### Governance arrangements

The governance arrangements did not always operate effectively. There were some policies and procedures in place, however there were risks to the health and safety of patients and staff which had not been assessed. For example, there was no infection control audit. Some clinical staff had not received DBS checks. The testing of medical equipment was not up to date. Staff told us they knew where policies and procedures were kept on the practice's shared computer drive and they knew how to access them.

The practice had a system in place for clinical audit. The practice used the Quality and Outcomes Framework (QOF) as an aid to measure their performance. The practice had

achieved a score of 99.5% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was above both the local Clinical Commissioning Group (CCG) by 5 percentage points and England averages by 6 percentage points. We saw the practice achieved maximum points available to them for all of the chronic conditions, for example, 100% for COPD which was above the CCG and England averages by 2.9 and 4.8 percentage points. There were clinical leads for the management of illnesses and long term conditions which were shared between the GPs and practice nurse.

### Leadership, openness and transparency

There was a well-established management team with clear allocation of responsibilities. For example, one of the GP partners was the lead for diabetes. Staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Regular meetings, involving staff at all levels, were held. The practice manager showed us examples of minutes of the meetings which were held, for example, multi-disciplinary (MDT) and clinical meetings.

We found the practice learned from incidents and near misses. Significant events meetings were held where such issues were discussed. However, the practice could improve awareness of significant events for staff and the procedures for the reporting of incidents could also be improved.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, comments and complaints received.

The practice had a patient participation group (PPG) since 2005; however there were only four members. The practice were trying to recruit new members. We saw the minutes of the last PPG meeting which was held in March 2015. Significant events, an annual review of complaints and the telephone consultation system were discussed. There was a copy of the last patient survey carried out in March 2015 available on the practice website.

NHS England guidance states that from 1 December 2014, all GP practices must implement the NHS Friends and Family Test (FFT). (The FFT is a tool that supports the fundamental principle that people who use NHS services

# Are services well-led?

Requires improvement 

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

should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). We saw the practice had recently introduced the FFT. There were questionnaires available at the reception desk and instructions for patients on how to give feedback. The practice manager told us the comments and feedback would be reviewed regularly.

The practice gathered feedback from staff through staff meetings. Staff we spoke with told us they regularly attended staff meetings. They said these provided them with the opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. However, there had been no staff appraisals carried out since April 2013. The practice manager said this had been discussed at a practice meeting and due to too many changes taking place in the practice they had agreed as a practice that no appraisal would be undertaken in 2014.

The practice had a whistle blowing policy which was available to all staff electronically on any computer within the practice. Staff we spoke with were aware of the policy, how to access it and said they would not hesitate to raise any concerns they had.

## Management lead through learning and improvement

The practice had some management systems in place which enabled learning and improved performance.

Although we found that staff had not received some mandatory training they felt they were supported in this area and attended the monthly CCG protected learning time (PLT) initiative. This provided the team with dedicated time for learning and development.

The management team met weekly to discuss any significant incidents that had occurred. Reviews of significant events and other incidents had been completed and shared with staff. Staff meeting minutes showed these events and any actions taken to reduce the risk of them happening again were discussed.

GPs met with colleagues at CCG meetings. They also attended learning events and shared information from these with the other GPs in the practice. The practice manager met with other practice managers from the CCG area.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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> Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.</p> <p>Risks were not effectively assessed, monitored and mitigated in relation to the health, safety and welfare of patients and staff.</p> <p>Regulation 17 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. (1), (2) (a) (b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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> <p>Staff did not receive appropriate training nor did they receive appraisal which is necessary to carry out the duties they perform.</p> <p>Regulation 18 Health &amp; Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing (2) (a)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b> The registered person must ensure that person's employed for carrying out the regulated activity are of good character.</p> <p>Recruitment procedures must be established and operated effectively.</p>

This section is primarily information for the provider

## Requirement notices

Regulation 19 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. (1) (a), (2) (a) (b)