

# Dr Vijay Iyer

## 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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# 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 Hodgson Medical Centre (registered as Dr Vijay Iyer) on 25 April 2016. Overall the practice is rated as good.

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. Some improvement was needed to strengthen a formal reporting process and ensure that learning opportunities were maximised.
- Most risks to patients were assessed and well managed although environmental risks had not been assessed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance although the system for sharing new guidelines was not robust. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure that there is a robust system in place for receiving and acting upon medicine safety alerts so that patients receiving prescribed medicines are reviewed in a timely manner and continue to receive appropriate medicines in accordance with national guidelines.
- Review the systems in place for issuing repeat prescriptions and implement a policy to support safe practice so that medicines are prescribed safely.
- Ensure that recruitment arrangements include all necessary employment checks for all staff.
- Ensure that all environmental risks are appropriately assessed and measures to control any identified risks are implemented. This must include the risks of fire and legionella.
- Provide additional training for the member of staff with responsibility for leading on infection control issues.
- Implement a system to share and review relevant best practice guidelines such as those issued by the National Institute for Health and Care Excellence.
- Improve the records of practice meetings, including clinical meetings, so that details of decision making and action points are recorded so that improvement can be monitored.
- Ensure the advanced nurse practitioner has access to regular clinical supervision.
- Establish systems to improve the monitoring of; use by dates for clinical equipment, the servicing and maintenance of all equipment, ongoing staff training programmes, and the regular review of practice policies and procedures.

In addition the provider should:

- Improve the incident reporting process so that issues are identified, reported and reviewed in a consistent way. Ensure that learning is shared and appropriate follow up takes place to ensure that learning has been embedded.
- Develop the audit programme to include full cycle audits as part of a continuous improvement process.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

- There was an effective system in place for reporting and recording significant events however this required strengthening to ensure a consistent approach was followed and learning opportunities were maximised.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although most risks to patients who used services were assessed, the systems and processes to manage repeat prescriptions and high risk medicines were not implemented well enough to ensure patients were kept safe.
- The practice had clearly defined systems in place to keep patients safeguarded from abuse.
- Recruitment checks were not clearly evidenced.
- Environmental risks, including fire and legionella had not been addressed to ensure safe practice for staff and patients.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally higher than the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were in place although full cycle audits were required in order to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, however training records were not always kept up to date.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Records of multidisciplinary meetings were not always completed to demonstrate decision making and actions.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey published in January 2016 showed patients rated the practice higher than 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice contributed to the improvement of the extended hours service.
- Patients said they found it easy to make an appointment with a named GP and 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 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 good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. Some improvement was required to improve the servicing and maintenance of equipment, on-going staff training programmes and the regular review of practice policies and procedures.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a positive relationship with the patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

# 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

Good



The provider was rated as good for the care of older people.

- The practice offered proactive, personalised care with a named GP to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included home visits to administer influenza vaccines early on in the season.
- Patients who had difficulty getting to a local pharmacy to collect regular prescriptions could have their medicines delivered to their home address.
- There were disabled facilities and a disabled parking space at the front of the practice.
- The practice worked closely with the multidisciplinary team to ensure care plans were in place to support patients to stay at home and avoid unnecessary admission to hospital.
- The practice provided GP support to patients who lived in a neighbouring sheltered housing scheme and attended any emergency situations.

### People with long term conditions

Good



The provider was rated as good for the care of patients with long-term conditions.

- Nursing staff supported the GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met.

# Summary of findings

- For those patients with the most complex needs including those at the end of life, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. These patients were reviewed at the weekly clinical meeting.

## Families, children and young people

Good



The provider was rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 73% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

Good



The provider was rated as good for the care of working age people( including those recently retired and students)

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example extended hours services were available one morning and two evenings each week. Telephone consultations were also available and the practice provided same day appointments at the end of surgery if these were required.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that



# Summary of findings

reflects the needs for this age group. For example, patients were able to book appointments and request repeat prescriptions online. There was also an electronic prescription service.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations such as the Citizens Advice Bureau and Addaction (drug, alcohol and mental health support charity).
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



The provider was rated as good for the care of people experiencing poor mental health (including people with dementia)

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The practice scored above the national average for all other mental health indicators although there was a higher than average level of exception reporting in most areas.

# Summary of findings

For example, 100% of patients with long term mental health conditions such as bipolar disorder and other psychoses had an agreed documented care plan recorded in the preceding 12 months, compared to a national average of 88%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 266 survey forms were distributed and 119 were returned. This represented a 45% response rate.

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards that were all positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 patients during the inspection and this included four representatives from the patient participation group. All of the patients we spoke to said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had received very limited feedback through the NHS Friends and Families Test. Where they had received feedback, patients were extremely likely to recommend the service.

## Areas for improvement

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

- Ensure that there is a robust system in place for receiving and acting upon medicine safety alerts so that patients receiving prescribed medicines are reviewed in a timely manner and continue to receive appropriate medicines in accordance with national guidelines.
- Review the systems in place for issuing repeat prescriptions and implement a policy to support safe practice so that medicines are prescribed safely.
- Ensure that recruitment arrangements include all necessary employment checks for all staff.
- Ensure that all environmental risks are appropriately assessed and measures to control any identified risks are implemented. This must include the risks of fire and legionella.

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

- Improve the incident reporting process so that issues are identified, reported and reviewed in a consistent way. Ensure that learning is shared and appropriate follow up takes place to ensure that learning has been embedded.
- Develop the audit programme to include full cycle audits as part of a continuous improvement process.
- Provide additional training for the member of staff with responsibility for leading on infection control issues.
- Implement a system to share and review relevant best practice guidelines such as those issued by the National Institute for Health and Care Excellence.
- Improve the records of practice meetings, including clinical meetings, so that details of decision making and action points are recorded so that improvement can be monitored.

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- Ensure the advanced nurse practitioner has access to regular clinical supervision.
- Establish systems to improve the monitoring of; use by dates for clinical equipment, the servicing and maintenance of all equipment, ongoing staff training programmes, and the regular review of practice policies and procedures.

# Dr Vijay Iyer

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC lead inspector supported by a GP specialist adviser.

### Background to Dr Vijay Iyer

Dr Vijay Iyer, also known as The Hodgson Centre is a well-established GP practice that has operated in the area for many years. It serves approximately 4400 registered patients and has a personal medical services contract with NHS Cambridgeshire and Peterborough CCG. It is located in a residential area of Peterborough with good public transport links and parking.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 35 to 54 years, a lower than average number of patients aged over 60 years, 25 to 34 and 5 to 9 years compared to the practice average across England.

The practice team consists of two full time GP partners (male), an advanced nurse practitioner/partner(female), two practice nurses, a health care assistant and a phlebotomist. The clinical team are supported by a practice manager, practice secretary and four reception staff who work part time.

The opening times for the practice are Monday to Friday from 8.30am to 6.30pm except on Mondays when the practice closes from 1pm until 4pm. Extended hours appointments are available after 6pm on Mondays and Thursdays. The advanced nurse practitioner also provided early appointments from 8am on Thursdays When the

surgery is closed patients access the out of hours service via the NHS 111 service. The practice website includes this information including how to locate the local walk-in-centre.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 April 2016. During our visit we spoke with a range of staff including GPs, nurses, administrative staff and the practice manager. We reviewed a range of the practice's policies and procedures and a small sample of anonymised patients' records. We also reviewed comment cards where patients and members of the public shared their views and experiences of the service and spoke with some patients.

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?

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a system in place for reporting incidents and significant events and staff were all able to describe how such incidents were reported. However we found there was no standard form that staff could access in order to report incidents. Instead, staff approached one of the partners who documented the issues and initiated the investigation process. Although few incidents had been reported, there did not appear to be one key member of staff who had overall responsibility and oversight of the management process. Staff told us they felt confident in reporting any issues as the management team had an open door policy.

We viewed the practice's significant events and found there had been eight reported events since February 2015. Each one had been considered in detail to ensure that appropriate action had been taken. However, there were limited records of the learning that had taken place or evidence to demonstrate that the learning had been followed up. For example reviewing the referral criteria used for patients who required a gastroscopy.

The minutes of the practice's meetings did not contain sufficient detail to show that significant events were consistently discussed with staff so that action and learning was shared. However we noted that a medicines incident had been discussed at a meeting yet this was not recorded on the incident log. Complaints were managed separately and not treated as significant events to ensure a robust and thorough review was completed.

There was a system in place for receiving and sharing any patient safety alerts with all staff although this was not undertaken in accordance with the practice policy. We reviewed the level of action taken on a recent alert for the use of Pregabalin. This is a medicine used in the management of epilepsy, neuropathic pain and general anxiety disorders. Records showed that limited action had been taken to review patients receiving this medicine in line with the alert.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. However some systems required improvement:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead members of staff for safeguarding, one for adults and the other led on safeguarding children. The GP lead for child protection had completed child safeguarding training at level three. Staff demonstrated they understood their responsibilities in relation to safeguarding although evidence of this in their training records was not up to date.
- Chaperones were available for patients if required and this information was made available to patients on the information screen in the waiting room. From time to time, reception staff acted as chaperones. We found that one receptionist and a healthcare assistant had not received specific training for this role however we have received evidence that this has since been booked. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead although they had not received additional training for this role or established any local links to ensure they kept up to date with best practice guidelines. There was an infection control protocol in place and training for staff had been identified as a mandatory requirement every three years. However, records were either incomplete or staff had not received this training. Infection control audits had commenced in 2015 and a second audit had been completed prior to the inspection. We saw that improvement had been made following the first audit, for example foot operated pedal bins had been installed for clinical waste. The practice had carpeting in clinical treatment

## Are services safe?

rooms and had a regular deep clean programme in place to ensure these were kept in a hygienic condition. We found during observation in the nurses treatment room, that some clinical items such as gloves, forceps and bandage scissors were long past their use by dates. This highlighted that regular stock checks were not in place.

- The arrangements for prescribing and managing medicines in the practice required a review. There was no written policy in place for the management of repeat prescriptions. GPs were responsible for checking and reviewing their patients prescriptions which included the review of high risk medicines. However, we completed a random check of patient records for five high risk medicines and found that one such medicine had been re-prescribed within a seven day period without a satisfactory explanation. Another medicine, the subject of a safety alert issued by the the Medicines and Healthcare products Regulatory Agency, had not been reviewed in line with the guidance issued in the alert. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The advanced nurse practitioner was also an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. There had not been any specific audits of their practice although they received support from the GPs for this extended role on an informal basis. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistants was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held a small stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) for urgent use on GP visits. There were procedures in place to manage them safely and monthly stock checks were completed by a practice nurse. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found that recruitment checks were not always evidenced prior to staff commencing their employment. For example, there was no proof of identification and two files had no evidence that references had been obtained. Two staff

files contained evidence that a check had been completed through the Disclosure and Barring Service through a different employer. It was not clear that these status checks had been accessed through the DBS update service.

### Monitoring risks to patients

The procedures in place for monitoring and managing risks to patient and staff safety required improvement.

There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had not completed a fire risk assessment and although a fire drill was completed in January 2016, this was not a regular event. A fire safety policy was in place which referred to the practice fire wardens. This required a review as there were no fire warden roles in place.

All electrical equipment was checked in January 2015 to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly on an annual basis. However, there were no equipment logs to demonstrate this had been completed or to ensure that checks were completed regularly. We asked to see other environmental risk assessments, including a legionella risk assessment but these were not in place. (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We found that an additional practice nurse had been appointed within the last six months to support nurse led work. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty to meet the needs of the service.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.



## Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks that were checked on a regular basis. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The staff we spoke with were able to demonstrate their knowledge of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, there was no formal process for sharing this information and no records to demonstrate how guidelines were reviewed. The GPs frequently used computer generated templates to ensure that the treatment provided was comprehensive, standardised and took into account best practice guidance. For example we saw that templates were used to conduct reviews for patients with a learning disability and for patients with dementia.

Due to the small size of the practice team, there were no identified clinical GP leads. The team worked very closely together and frequently provided support and advice to one another on an informal basis.

They reviewed data from the CCG on a regular basis to compare themselves with other practices for issues such as the prescribing of antibiotics, referral rates and attendance at the accident and emergency department.

The practice held a clinical meetings each week attended by the partners to review any patient referrals made to other services to ensure that decisions were in line with national guidelines and completed appropriately for the patient.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were the practice had achieved a total of 96% of the total number of points available. This was slightly above the CCG average of 92% and national average of 95%, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We discussed the exception

reporting process and found this was managed appropriately. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was at 83 %. This was 7 percentage points below the CCG average, and 6.7 percentage points below the national average. Exception reporting for these indicators was 13%. This was in line with CCG average and higher than the national average.
- Performance for mental health related indicators was better than the national average although there was a higher then average level of exception reporting in most areas.

For example, 100% of patients with longterm mental health conditions such as bipolar disorder and other psychoses had an agreed documented care plan recorded in the preceeding 12 months, compared to a national average of 88%. Exception reporting was 17% and was 4% higher than CCG averages and 5% higher than the national average.

There was limited evidence of quality improvement through clinical audit.

- There had been a number of clinical audits completed in the last two years and these included areas such as antibiotic use, gynaecology and atrial fibrillation. However these were not completed audits that could demonstrate where improvements had been implemented.
- The practice participated in peer review of their patient referrals and used CCG data to compare and improve outcomes for patients such as through the completion of CCG led medicines audits.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.

# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through the appraisal process and on a more informal basis when discussing and reviewing practice issues. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work through e-learning training modules and in-house training. This included training in safeguarding, fire safety awareness, basic life support and information governance. However, the system to monitor completion of training was not kept up to date. The practice manager relied on staff to provide their training certificates. This meant there were gaps in the spreadsheet for example infection control and information governance. The practice had a small team of staff who worked closely together and were able to discuss issues and seek support from one another when needed. The advanced nurse practitioner had, until recently received supervision from an external professional although this arrangement was no longer in place. All staff, with the exception of the practice manager, had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Patients we spoke with who had experience of referrals confirmed this.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. This included patients at the end of life.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinicians with duties involving children and young people under 16 were aware of the need to consider Gillick competence. Records we reviewed demonstrated that patients who attended for minor surgical procedures were asked to give appropriate verbal or written consent prior to their treatment. Consent forms were in place for relevant procedures and an audit of the records had been completed for patients who had received joint injections and contraceptive implants.

Patients we spoke with told us that they were provided with sufficient information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- There was a named lead who ensured that patients with a learning disability received annual health checks. We also saw that the needs of patients with dementia were reviewed annually.
- Patients receiving end of life care and those with serious illness were reviewed by the clinical team on a weekly basis. Opportunistic health reviews took place to promote general health and patients with a known risk of developing a long-term condition received advice on their diet, smoking and alcohol cessation when relevant. Patients were also signposted to relevant services and this included local mental health support services.
- A counsellor was available at the practice and there were other visiting health professionals such as a weekly midwifery clinic and a weekly acupuncture clinic.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 73% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. They achieved a higher than national average attendance for breast cancer screening and similar to national average

# Are services effective?

(for example, treatment is effective)

rates for bowel cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 93% to 98%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff were aware of keeping information confidential at the reception desk. They knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 49 Care Quality Commission comment cards we received from patients were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that staff had a very caring attitude that made patients feel they mattered. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Staff told us that on occasions, they had driven patients home after their appointment when they were too unwell to walk or take public transport.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

## Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language although there was rarely a need for this service.
- The practice website contained links to national and local support organisations for example Action on Hearing Loss and drug and alcohol support services.
- Staff told us they provided relevant information from support organisations to assist patients to make decisions. They also referred patients to advocacy organisations if a patient required support to make key decisions about their own health and welfare.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers (1.5% of the practice list). They had also recognised a need to improve their records about carer responsibilities. This was being done as part of the new patient check and greater awareness raised by adding a question onto the prescription sheets provided to patients asking them to notify the practice if they were a carer, or required a carer so that appropriate support could be offered to them. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a member of the team visited or made contact with them to check on the level of support they required in coping with their bereavement. This included signposting patients to appropriate services such as bereavement counsellors.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. For example, the clinical staff provided flu vaccinations early in the season by visiting frail patients at home who were unable to attend the surgery. All patients had a named GP although they were able to book appointments with any of the clinical staff.

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

- The practice offered extended hours on Monday until 7pm and Thursdays until 8pm. These were available for any patient who would benefit from these opening times. This included elderly patients who relied on working family members to take them to appointments as well as parents caring for children who needed their partner or another responsible adult to provide child care whilst they attended appointments.
- There were longer appointments available for patients who needed them for example patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- Diagnostic services such as phlebotomy (taking blood from a vein), spirometry (measurement of lung function), electrocardiograms (ECG's are used to record electrical activity of the heart) and 24 hour blood pressure monitoring was also available.
- Nurses provided a dressings service which included four layer compression bandaging for patients with leg ulcers.
- There were disabled facilities and translation services available.

- The practice welcomed all patients from the community regardless of their gender, race, religion or beliefs. The practice welcomed and treated patients from the travelling community.

### Access to the service

The practice was open between 8.30am and 6.30pm except on Mondays when the practice closed from 1pm until 4pm. Appointments were from 9am to 12pm every morning and 4pm to 6pm daily. Extended hours appointments were offered until 7pm on Mondays and 8pm on Thursdays. The advanced nurse practitioner also provided early appointments from 8am on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. When the surgery was closed patients accessed the out of hours service via the NHS 111 service. The practice website includes this information including how to locate the local walk-in-centre.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to CCG average of 87% and the national average of 76%.
- 92% patients described their experience of making an appointment as good (CCG average 77%, national average 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary and

the urgency of the need for medical attention. Receptionists took some basic information including checking whether the patient had an urgent need. Information was passed to one of the practice partners who



# Are services responsive to people's needs?

(for example, to feedback?)

telephoned the patient to assess their needs prior to visiting. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. The practice leaflet advised patients on whom to contact if they had a

concern or complaint about the service they experienced. The electronic screen in the waiting room told patients how to raise concerns. If they did raise a complaint, a copy of the complaints policy was provided to them along with the acknowledgement letter from the practice manager.

The practice had received five complaints in the last two years. We looked at the records of the complaints and found that they had been managed in a satisfactory way and there had been openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and shared with staff to improve the quality of care. For example, an advice sheet for patients following minor surgical procedures had been introduced.

Between 2014 and 2015, three complaints had been received by NHS England about the practice: two of which had been upheld.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice staff we met had a clear vision to deliver high quality care and promote good outcomes for patients. The advanced nurse practitioner had become a partner in the practice in 2013 to provide additional longterm continuity to the service and the patients it serves. A second GP partner had joined the practice in 2015 and this enabled them to continue providing a personal service to patients and their families. The partners were considering options for the future to enable them to continue providing a community based service that reflected the current values and ethos. They were also considering options for succession planning when the senior partner retires.

### Governance arrangements

There was an established leadership structure with clear allocation of responsibilities amongst the GPs, practice manager, nurses and the practice staff. The practice had a clear set of policies and procedures to support its work and meet the requirements of legislation. We viewed many of these and found most had been recently updated although there was no clear system to ensure they were updated regularly. Staff understood and had access to the policies.

We found the performance data for the quality and outcomes framework was kept under constant review to improve patient outcomes. The practice took effective action to address any shortfalls, such as low cervical screening rates, or to improve the take up health checks for diabetic patients.

A range of clinical and internal audits had been conducted during the last 12 months. However, there was limited evidence that these were part of a continuous audit programme as there were no reaudits planned and no evidence of any resulting action points. Systems for the management of repeat prescriptions required a review to ensure they were issued in accordance with safety guidelines.

Communication across the practice was structured around key scheduled meetings. These included a quarterly staff meeting, a weekly referral meeting and monthly multidisciplinary meetings attended by external health and social care professionals. Records of these meetings needed to contain more detail and action points so that

improvement could be monitored. Due to the small size of the team, many issues were dealt with informally which meant there were few records to demonstrate the action taken or to help monitor progress with actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. We saw examples to demonstrate that when things went wrong with care and treatment patients were offered support, received truthful information and a verbal and written apology. The practice kept written records of verbal and written correspondence.

There was a clear leadership structure in place and staff felt supported by management. Staff told us the partners were approachable, always took the time to listen to them and valued contributions from all members of staff. Staff attended quarterly meetings where they were able to contribute items for discussion. They told us they worked together as a close knit team and supported one another to manage the service. They also met for informal team building events outside of the work environment.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, an electronic information screen had been installed in the waiting room to display local and practice information as well as health promotion information.

# Are services well-led?

Good 

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

The practice gathered feedback from staff through staff meetings and appraisals. They discussed issues together on a daily basis and the practice manager had an open door policy. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the senior GP provided regular weekly support in the local accident and emergency department to help reduce waiting times and educate patients on the appropriate use of health resources. They were also part of a local initiative (Prime Ministers Challenge Fund) to provide extended hours appointments in the area.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to manage the risks identified through medicines safety alerts, through monitoring the prescribing of high risk medicines and through the management of environmental risks.</p> <p>This was in breach of regulation 12 (1) (2) (a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to complete pre employment checks and ensure the information was available in accordance with Schedule 3 of the Health and Social Care Act 2008.</p> <p>This was in breach of regulation 19 (1) (2) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>