

Dr Sarita Bhatia

Quality Report

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Date of inspection visit: 10 September 2015
Date of publication: 07/01/2016

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

Ratings

Overall rating for this service		Good	
Are services safe?	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 Dr Sarita Bhatia on 10 September 2015. 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. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The majority of staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Medicines were not always managed safely, as the refrigerator temperature records for stored vaccines did not demonstrate that a full range of temperature checks had been undertaken.

- The practice was unable to demonstrate that they had suitable arrangements to deal with clinical and medical emergencies, as emergency equipment, such as medical oxygen, was not available in the practice.
- Data showed that many patient outcomes were above average for the locality and there was evidence that the Quality Outcomes Framework (QOF) was used by the practice to monitor performance and drive improvement. Clinical audits had been used to improve outcomes for patients and re-audits were planned to monitor that improvements had been sustained.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had a number of policies and procedures to govern activity, and these had been reviewed and updated on a regular basis.
- The practice had sought feedback from staff and patients in a variety of ways, and had plans to introduce a patient participation group (PPG).
- There were systems to identify risks, although formal risk assessments were not always completed, for example, in relation to the premises.

There were areas where the provider must make improvements. Importantly the provider must:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure medicines are managed safely, including the storage of vaccines.
- Ensure there are suitable arrangements to manage and deal with medical emergencies.

In addition the provider should:

- Review the training requirements for staff in keeping mandatory training updated.
- Review the arrangements for undertaking risk assessments, to include those that relate to the premises.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it must make improvements. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. However, there were some concerns in relation to the management of medicines and responding to medical emergencies. Not all risks had been assessed in relation to the premises and there were also concerns regarding employment recruitment checks.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed that the majority of patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Most of the staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multi-disciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that 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 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. It reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day. The practice was well equipped to treat patients and meet their needs.

Good



Summary of findings

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

Are services well-led?

The practice is rated as good for being well-led. It had set out the aims and objectives of the practice and staff were aware of their responsibilities in relation to these. Staff felt supported and knew who to approach with issues. The practice had a number of policies and procedures and held regular meetings. There were systems to improve quality and risks were identified, although formal risk assessments were not always completed. The practice sought feedback from staff and had mechanisms to receive comments and feedback from patients, which it acted on. There was a system of staff appraisal and staff had received performance reviews in the last year.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its patient population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice GP led in chronic disease management and patients at risk of hospital admission were identified as a priority. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care. Longer appointments and home visits were available when needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children on the child protection register. Immunisation rates were higher than the local averages for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice worked with midwives, health visitors and school nurses when required.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances, including those patients with a learning disability, who had all received an annual health check in the last year. The practice also offered longer appointments for patients with a learning disability.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Data showed that 100% of patients (with an exception reporting rate of 7.6%) diagnosed with poor mental health had received a health check in the past year and had a care plan recorded. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above the local and national averages in many areas. There were 122 responses which represents 6.1% of the practice population. The results showed;

- 72% found it easy to get through to the practice by phone compared with the clinical commissioning group (CCG) average of 64% and the national average of 74%.
- 99% found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.
- 94% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 81% and the national average of 85%.

- 97% said the last appointment they got was convenient compared with the CCG average of 89% and the national average of 91%.
- 76% described their experience of making an appointment as good compared with the CCG average of 64% and the national average of 73%.
- 89% described their overall experience of the practice as good compared to the CCG average of 75% and the national average of 85%.
- 86% said they would recommend the practice to someone new to the area compared to the CCG average of 66% and the national average of 78%.

As part of our inspection, we also reviewed CQC comment cards that were completed by patients prior to our inspection. We received 69 comment cards which were all positive about the standard of care received and all expressed satisfaction about the staff and being treated with care and consideration by the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure medicines are managed safely, including the storage of vaccines.
- Ensure there are suitable arrangements to manage and deal with medical emergencies.

Action the service **SHOULD** take to improve

- Review the training requirements for staff in keeping mandatory training updated.
- Review the arrangements for undertaking risk assessments, to include those that relate to the premises.

Dr Sarita Bhatia

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 practice manager specialist advisor.

Background to Dr Sarita Bhatia

Dr Sarita Bhatia provides medical care from 8.30am to 1pm and 3.30pm until 6.30pm on Monday, Tuesday, Wednesday and Friday, although patients are able to contact the practice from 8.00am and throughout the day by telephone. The practice is closed during the afternoon on Thursdays when patients have access to 'out of hours' services. Extended opening hours are offered on Monday evenings until 7.45pm. The practice is situated in the town of Gillingham in the Medway area of Kent and provides a service to approximately 2,050 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GP and nurse. The practice has significantly more patients registered over the age of 65 than the local and national averages. There are also fewer patients registered up to the age of 18 when compared to the local and national averages. The number of patients recognised as suffering deprivation for this practice, including income deprivation, is significantly lower than the national average and also lower than the local average for the clinical commissioning group (CCG) area.

The practice has one female GP who is a sole practitioner and a part-time female practice nurse. There are a number of reception, secretarial and administration staff, as well as a practice manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (MedOCC / NHS 111) to deliver services to patients when the practice is closed. The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

Pump Lane
Rainham Mark
Gillingham
Kent. ME8 7AA

Why we carried out this inspection

We inspected this service as part of our new 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.

This provider had not received a comprehensive inspection before and that was why we included them.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 September 2015. During our visit we spoke with a range of staff including the GP, the practice nurse, one member of the administration team and the practice manager. We spoke with patients who used the services at the practice and we reviewed comment cards where patients shared their views and experiences of the service.

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

- Is it safe?

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

We also looked at how well services 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)

Are services safe?

Our findings

Safe track record and learning

The practice had a system for reporting and recording significant events. The practice had a policy that provided guidance in relation to incident reporting and staff told us they were aware of how to report incidents. Staff said they would inform the practice manager of any incidents in the first instance and there was also a system of recording into a log book and a form available on the practice's computer system. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with staff to make sure actions were taken to improve safety in the practice. For example, the protocol for administering vaccinations was updated to help ensure patient identities were robustly checked following an incident when two patients had the same name.

The practice offered an apology to patients when things went wrong and also carried out an analysis of significant events to identify any further actions that would help prevent similar incidents happening again.

National patient safety alerts were dealt with by the practice manager and forwarded on the computer to the GP and nurse for clinical matters and other staff as necessary.

Overview of safety systems and processes

The practice had systems and processes to keep people safe, which included:

- There were arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements, as well as policies that were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and the GP provided reports and information to other agencies where necessary. Staff demonstrated they understood their responsibilities and the majority had received training relevant to their roles, although the practice nurse had not received a higher level of children's safeguarding training (level two).
- Notices were displayed advising patients that staff would act as chaperones, if required. Not all staff who acted as chaperones had undergone a criminal records

check via the Disclosure and Barring Service (DBS) and the practice had not undertaken a risk assessment to identify and mitigate any risks in relation to this. (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 had a health and safety policy available for staff guidance and information was displayed in the practice. There was a system governing security of the premises and visitors were required to sign in and out using a dedicated book in reception. Secure areas of the building were only accessible to staff and entry to these areas was supervised by staff during working hours. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and the practice had a lead for infection control, although updated infection control training had not been undertaken by the GP or the practice nurse. The practice had an infection control policy, which included protocols and procedures to guide staff. Cleaning schedules and records were kept of all cleaning activity and an infection control audit had been undertaken to address any improvements identified as a result. Although the practice had considered the risks associated with legionella bacteria, a formal risk assessment had not been completed. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.
- The practice had systems and processes for managing medicines, including emergency medicines and vaccines. Medicines were stored securely and were only accessible to authorised staff. Regular medicine and prescribing reviews were carried out with the clinical commissioning group (CCG) medicines management team, to optimise the medicines used within the practice. Prescription pads were securely stored and there were systems to monitor their use. The practice had a written protocol for maintaining the cold chain in the storage of vaccines and records were kept of the temperature checks carried out for the vaccines

Are services safe?

refrigerator. However, the records did not show that the highest and lowest temperatures were regularly checked to ensure that the vaccines had been stored within a safe temperature range.

- The practice had a policy that set out the arrangements for recruiting staff. However, we found that insufficient documented evidence was kept to demonstrate that appropriate recruitment checks had been undertaken prior to the employment of a new member of staff. This included references from previous employers and an identification check. Other employment checks had been undertaken in relation to registration with appropriate professional bodies, although a criminal record check via the Disclosure and Barring Service (DBS) was not available to demonstrate that this had been undertaken for the practice nurse.
- The practice had arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. This included the cover arrangements for staff taking annual leave.

Arrangements to deal with emergencies and major incidents

Staff received up-to-date basic life support training and there were emergency medicines available in the treatment rooms. Emergency medicines we looked at were in date, checked regularly and fit for use. The practice did not have a defibrillator and did not keep medical oxygen on the premises. A risk assessment had not been undertaken to identify how the practice would respond to emergency situations and to mitigate any risks in relation to this.

The practice had provided fire safety training for staff and there were designated fire wardens. However, a fire risk assessment had not been undertaken to identify any risks and required actions in relation to the fire safety arrangements for the premises.

There was a business continuity plan to deal with a range of emergencies such as power failure, adverse weather and access to the building. The plan contained the contact numbers for the various agencies who may need to be contacted in the event of an emergency and the contact details for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems to help ensure that all clinical staff were kept up to date. This included regular sharing of information and discussion with staff. The practice used this information to develop how care and treatment was delivered to meet patient's needs, for example, for patients undergoing treatment for diabetes.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). The system is intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF to monitor performance and outcomes for patients. The results for the year ending March 2014 showed that the practice had achieved a total QOF score of 99% compared to the national average of 94%, with 1.8% overall exception reporting. The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes related indicators was higher than the national average in all indicators. For example, 100% of patients had received a foot examination in the last year, compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average of 83%, as the data showed 91%.
- Performance for mental health related indicators was higher than the national average in all indicators, for example, 100% of patients experiencing mental health issues had a care plan recorded in their records, compared to the national average of 86%.
- The percentage of patients with dementia who had received a face to face review in the past year was 88%, which was higher than the national average of 83%.

The practice had undertaken clinical audits, including participation in medicine audits with the local CCG medicines management team, where prescribing practice had changed as a result. We looked at other clinical audits, including an audit to review contraceptive procedures.

Records showed that this had been well planned, the results reviewed and improvements implemented. Further audits were planned to check whether the improvements had been sustained over time.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, although some training updates were overdue for staff, including infection control and clinical updates in some areas. However, where any training needs had been identified, the practice was aware and was addressing them, to help ensure training was kept up-to-date. The training arrangements included;

- Staff received mandatory training such as information governance awareness, safeguarding, and basic life support.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff had access to and made use of e-learning training and local training was offered from a neighbouring practice for all staff, as well as external courses and training events.
- The GP was up to date with their yearly appraisals and there was a system of annual appraisal for all other members of staff.

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 the practice computer system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to meet the range and complexity of patient's 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. There were regular multi-disciplinary meetings with other providers that took place at least every three months. The meetings were

Are services effective?

(for example, treatment is effective)

attended by specialist community nurses, as well as the hospice nurse who supported patients with palliative care needs. Patient care plans were routinely reviewed and updated following discussion at these meetings.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The practice had a consent policy that governed the process of consent and provided guidance for staff. Staff were aware of the various ways patients were able to give their consent to examination, care and treatment, as well as how consent should be recorded. For example, consent was recorded for contraceptive procedures and scanned into the computerised patient records.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Health promotion and prevention

Patients who might be in need of extra support were identified by the practice. These included patients who were at risk of unplanned hospital admissions, those at risk of developing a long-term condition and those requiring

advice on their diet, smoking and alcohol cessation. The practice provided information to signpost patients to local support groups and advice services, including sexual health support and advice, for example, chlamydia testing for patients aged 16-24 years.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 91%, which was higher than the national average of 81% and there was a system to follow-up non-attendance for cervical screening. The practice also encouraged its patients to attend national screening programmes, for example, bowel cancer screening.

Childhood immunisation rates for the vaccinations given were all higher than the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 100% and five year olds from 94% to 100%. Flu vaccination rates for the over 65s were 86%, and at risk groups 75%. These were also above the local CCG averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with five patients on the day of our inspection, who told us they were satisfied with the care provided and that the practice was caring and understanding of their needs. They also told us the staff were helpful, and treated them with dignity and respect. We observed throughout the inspection that reception staff were welcoming to patients, were respectful in their manner and showed a willingness to help and support them with their requests. Patients were offered a separate room to discuss sensitive issues or if they wished to speak privately with staff.

Patients had completed comment cards prior to our inspection, to tell us what they thought about the practice. We received 69 completed cards, all of which contained positive comments and indicated that patients felt the practice offered an excellent service, that they were treated with dignity and respect and that the staff were efficient, helpful and caring.

All consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consultation and treatment rooms so that patients' privacy and dignity were maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and conversations could not be overheard.

Data from the national GP patient survey published in July 2015 showed from 122 responses, that performance in many areas was higher than both the local and national averages. For example:

- 94% said the GP was good at listening to them, compared to the local clinical commissioning group (CCG) average of 81% and national average of 89%
- 94% said the GP gave them enough time, compared to the CCG average of 80% and national average of 87%
- 95% said the last GP they saw or spoke to was good at treating them with care and concern, compared to the CCG average of 76% and national average of 85%
- 98% said they had trust and confidence in the last nurse they saw or spoke to, compared to both the CCG and national averages of 97%
- 99% of respondents said they found the receptionists helpful, compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, supported by staff and had sufficient time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Data from the July 2015 national GP patient survey showed that patients rated the practice well when responding to questions about their involvement in planning and making decisions about their care and treatment. The results were either in line or higher than both the local and national averages in many areas. For example:

- 83% said the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 72% and national average of 81%
- 90% said the last GP they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 78% and national average of 86%
- 80% said the last nurse they saw or spoke to was good at involving them in decisions about their care and treatment, compared to the CCG and national averages of 84%.

Patient/carer support to cope emotionally with care and treatment

Information leaflets, posters and notices were displayed in the patient waiting areas that provided contact details for specialist groups offering emotional and confidential support to patients and carers. For example, counselling services and bereavement support groups. The comment cards completed by patients prior to the inspection also highlighted that staff responded compassionately when they needed help and provided support when required.

The practice's computerised patient records system alerted GPs if a patient was also a carer. There was a range of information available for carers to help ensure they understood the various avenues of support available to them.

Are services caring?

Staff told us that if patients suffered bereavement, the GP contacted them to offer support and advice. A consultation visit would also be offered and arranged to suit the patients' needs, if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to patient's needs and services were planned and delivered to take into account the needs of different patient population groups, to provide flexibility, choice and continuity of care. For example;

- Longer appointments were available for patients who needed them, such as patients with complex needs and those with a learning disability.
- Many older patients who moved out of the practice area remained registered with the practice to provide continuity of care.
- Later appointments were available on one evening each week.
- Home visits were available for older patients and those who were housebound, as well as those living in local care homes, who were registered at the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients with mobility issues were accommodated at the practice, including wheelchair and step-free access to the building, accessible toilet facilities and disabled parking.
- A hearing loop was available for patients with hearing problems and translation services were available on request for patients who did not speak English.

Access to the service

The practice offered appointments from 8.30am to 1pm and 3.30pm until 6.30pm on Monday, Tuesday, Wednesday and Friday, although patients were able to contact the practice from 8.00am and throughout the day by telephone. The practice was closed during the afternoon on Thursdays when patients had access to 'out of hours' services. Additional appointments were offered during extended hours on Monday evenings until 7.45pm. Telephone consultations were also offered on a daily basis and the practice offered pre-bookable appointments, as well as urgent appointments that were available each day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and

treatment was higher than the local and national averages in most areas and patients we spoke with told us they were able to get appointments when they needed them. For example;

- 81% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 65% and the national average of 75%
- 94% of patients said they were able to get an appointment to see or speak to someone the last time they tried, compared to the local CCG average of 81% and national average of 85%
- 76% of patients described their experience of making an appointment as good, compared to the CCG average of 64% and national average of 73%
- 97% of patients said the last appointment they got was convenient, compared to the local CCG average of 89% and the national average of 91%.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. There was a complaints policy and a procedure that was in line with NHS guidance for GPs and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was displayed in the waiting room and a leaflet was available for patients to take away.

The practice kept a complaints log for written complaints and we looked at two complaints that had been received in the last year. We found that these had been satisfactorily investigated and dealt with in a timely way and in accordance with the practice policy. The outcomes had been clearly documented, including the follow-up actions taken by the practice. The practice reviewed complaints and discussed them regularly with staff, to identify ways to help avoid similar incidents happening again. For example, staff had been reminded about the temporary patient registration arrangements, following a complaint where a patient was referred to another service for their treatment.

Patients we spoke with told us that they had never had cause to complain but knew there was information available about how and who to complain to, should they wish to do so.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had set out its aims and objectives in providing a quality service for patients, supported by staff who had the appropriate skills and training. When speaking with staff, it was clear that they understood their roles and responsibilities in relation to this and in contributing to the overall quality of care that patients received.

Governance arrangements

The practice had an overarching leadership structure that governed activity and supported the delivery of care and treatment for patients. This included:

- A clear staffing structure so that staff were aware of their own roles and responsibilities.
- Practice specific policies that were available to all staff that had been reviewed and updated.
- A comprehensive monitoring system to demonstrate the performance of the practice in relation to the management of patient care and to provide comparisons to both local and national performance indicators.
- Clinical audits were used to monitor quality and to make improvements, although re-audits were required in some areas to check that improvements had been sustained.
- The practice acted on any concerns raised by both patients and staff and sought feedback from patients using a range of methods.
- The practice had learnt from individual incidents and complaints and had developed a system to monitor all incidents, which were regularly discussed and the outcomes shared with staff.
- The practice had systems to identify risks, although some risks had not been formally assessed, for example, in relation to the premises, including legionella and fire safety.

Leadership, openness and transparency

The GP and practice manager advocated and encouraged an open and transparent approach in managing the practice and leading the staff team. Staff we spoke with told us they felt there was an 'open door' culture, that management were approachable and that they felt supported and able to raise any concerns they had. They

said there was a good sense of team work within the practice and communication worked well. They described the communication systems used to help ensure information was effectively shared and handed over between the staff on duty and how this helped to appropriately manage patient information.

There were regular staff meetings and all staff were involved in discussions about how to run and develop the practice. The management encouraged all members of staff to identify opportunities to improve the services offered to patients.

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

Although the practice did not have a patient participation group (PPG), there were plans to introduce this in the coming year and the practice was seeking members to form a group. In the absence of a PPG, the practice had taken account of the views of patients from other sources, including a patient survey undertaken by the practice, the NHS friends and family test questionnaires, as well as comments and general feedback received. This had resulted in some changes, including a review of the appointments system, offering more flexibility and the introduction of online services to improve patient access in making appointments.

The practice had gathered views and feedback from staff generally through discussions, appraisals and meetings. All the staff we spoke with said they felt their views and opinions were valued and they were listened to. They told us they were positively encouraged to speak openly about issues or ways that they could improve the services provided to patients and that they were encouraged to participate and contribute their views in staff meetings. For example, a suggestion had been made by staff to provide additional information to patients before they travelled abroad, to help them consider the travel vaccinations they may require.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The GP attended a range of local professional training, including protected learning time and other training events arranged

Are services well-led?

Good 

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

by the clinical commissioning group (CCG). There were also links with a neighbouring practice that enabled all staff to attend training events arranged by them, for example, annual basic life support and fire safety courses.

The practice team had developed a daily log to collate all incidents, including minor day-to-day errors and mistakes, which were discussed at staff meetings, to promote shared learning and improvement within the practice.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not provided in a safe way for service users because the provider did not have arrangements for taking appropriate action in clinical or medical emergencies, and had not assessed the risks in relation to this;</p> <p>AND</p> <p>Care and treatment was not provided in a safe way for service users in relation to the proper and safe management of medicines, because the provider did not sufficiently monitor the refrigerator temperatures used for the storage of vaccines.</p> <p>Regulation 12(1)(2)(b)(g)</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>How the regulation was not being met:</p> <p>The provider did not have established recruitment procedures that operated effectively to ensure that information was available in relation to each person employed for the carrying on of the regulated activities, because there was insufficient documented information in relation to the recruitment checks undertaken for staff employed, including Disclosure and Barring Service (DBS) checks, as specified in Schedule 3, and the risks had not been assessed in relation to this.</p> <p>Regulation 19(3)(a) – Schedule 3</p>