

Dr Ravinder Kooner

Quality Report

Cole Park Surgery
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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 Dr Ravinder Kooner, also known as Cole Park Surgery on 24 March 2016. Overall, the practice is rated as good.

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

- The practice had a number of policies and procedures to govern activity.
- There was an effective system in place for reporting and recording significant events.
- Data showed patient outcomes were average or low compared to the local and national average. Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had sought feedback from patients and had an active patient participation group.
- Staff did understand and fulfil their responsibilities to raise concerns, and to report incidents and near misses.
- Staff did not have training in respect of safeguarding vulnerable adults.
- Risks to patients were not adequately assessed and managed, including those relating to fire safety, health and safety, hazardous substances and legionella.
- The practice did not have a defibrillator and had not assessed the risk of this in the event of a medical emergency.

Summary of findings

The areas where the provider must make improvements are:

- Risks assess how to respond to medical emergencies.

The areas where the provider should make improvements are:

- Ensure that appropriate systems and process are established to protect patients from abuse.
- Review the exception-reporting rate for mental health and dementia patients.

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 improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. People affected always received a verbal or written apology.
- Risks to patients were not adequately assessed and managed. Areas of concern found included; there was no practice policy in relation to safeguarding vulnerable adults. Staff lacked training and understanding of the process to follow with regards to safeguarding vulnerable adults and health and safety. There was no fire, health and safety, hazardous substances or legionella risk assessment and the practice did not have a defibrillator available on the premises. They also did not have a risk assessment to explain what the practice would do in the event of an emergency where a defibrillator maybe required.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework showed patient outcomes were variable compared to the local and national averages:
- Performance for diabetes related indicators was variable compared to the national average.
- Performance for mental health related indicators lower than the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and non-clinical staff had not completed the relevant safeguarding training with regards to vulnerable adults
- There was evidence that audit was driving improvement in performance to improve patient outcomes.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice comparable/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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 had met with the local community mental health team to discuss homeless patients accessing the referral pathway.
- 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.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a vision and staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure, staff felt supported by management and they were sure about who to approach with issues.

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity, but some of these were incomplete. For example, the safeguarding policy was incomplete as there was no reference to safeguarding vulnerable adults.
- The practice did hold regular governance meetings.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- Staff told us they had received regular performance reviews and they all showed awareness of their objectives.

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.

- The practice offered proactive, personalised care 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.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 81% of patients with diabetes on the register had their blood sugar recorded as well controlled, compared to the national average of 78%.
- 94% of patients with diabetes on the register had a recorded foot examination and risk classification; this was comparable to the national average of 88%.The
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 comparable to the local average for all standard childhood immunisations.
- 90% of patients diagnosed with asthma had an asthma review in the last 12 months; this was higher than the national average of 75%. The exception reporting rate was 1%.
- 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.
- 82% of women aged 25-64 had it recorded on their notes that a cervical screening test has been performed in the preceding five years; this was comparable to the national average of 82%.The
- 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 and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people.

- 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 reflects the needs for this age group.
- The practice offered a 'Commuter's Clinic' on Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.

Good



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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in 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.
- Staff were not aware of recognising signs of abuse in vulnerable adults. They were not aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health.

- 100% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months compared to the national average of 84%. This was lower than the national average as the exception reporting rate was 46%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months, compared to the national average of 88%. This was lower than the national average as the exception reporting rate was 17%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 understood how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 (01/01/2015 – 30/09/2015). The results showed the practice was performing in line with or below the national averages. Three hundred and fifty four survey forms were distributed and 95 were returned. This represented 3% of the practice's patient list.

- 67% found it easy to get through to this surgery by phone (national average 73%).
- 69% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 83% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 64% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients described their experience at the practice as good. They said clinical staff were knowledgeable and caring and non-clinical staff were patient and supportive.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Ravinder Kooner

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 adviser and a practice manager specialist adviser.

Background to Dr Ravinder Kooner

- Dr Ravinder Kooner, also known as Cole Park Surgery, is located in the London Borough of Richmond Upon Thames. The building is situated on a main road. The practice is located on the ground and first floor of a converted residential property. There are five consulting rooms and a room for baby consultations. There are three toilets; two for patients with disabled access, on each floor and another for staff. Access to the surgery is via the main front entrance of the building on level flooring with automatic doors for wheelchair access.
- The service is registered with the Care Quality Commission to provide regulated activities of; diagnostics and screening services, treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services and family planning.
- Two GP partners (both female) run the practice; however, the senior partner has been on long-term sick leave for the past twelve months. The partners are supported by; two GP locums (one male and one female), two nurses, one healthcare assistant (HCA), one practice manager, three reception staff and one practice secretary.
- The practice is open between 08:30am – 6:00pm Monday – Thursday. Appointments are available from 8:30am – 6:00pm. The practice is open between 8:30am –

4:30pm, on Friday; appointments are available from 8:30am – 4:30pm. Extended surgery hours are offered from 6:00pm – 8:30pm every Tuesday. When the practice is closed patients can call NHS 111 in an emergency or a local out of hour's service.

- The practice has a patient list size of approximately 3,500 patients. The practice is situated in an area which is classified as the fourth most deprived decile. The majority of the patients within the practice are either young or of working age. A small percentage of patients are aged between 65 and 85.

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. 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 24 March 2016. During our visit we:

Detailed findings

- Spoke with; a GP partner, a locum GP, a nurse, the healthcare assistant (HCA), the practice manager, reception staff and the practice secretary.
- Spoke with three patients who used the service.
- Spoke with 10 members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public 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 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

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, reception staff noticed that a few vaccines had been left out overnight in the nurse's room, breaking the cold chain. The vaccines were disposed of immediately, the incident was investigated and further training needs was discussed with relevant staff. Furthermore, the matter was discussed at the next practice meeting and practice wide training was provided to all staff.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policy relating to safeguarding children 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 children. The GPs attended safeguarding meetings with regards to children when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities with regards to

safeguarding children and all had received training relevant to their role. GPs and nurses were trained to child safeguarding level 3. Non-clinical staff were trained to level 1.

- No arrangements were in place to safeguard vulnerable adults from abuse, in accordance with relevant legislation. Local requirements and policies were not available to staff. Staff had not received training in safeguarding vulnerable adults. Staff when questioned showed limited awareness of safeguarding vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, rubbish bins in the practice had all been replaced by peddle operated bins.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system

Are services safe?

for the production of Patient Specific Directions (PSD) to enable the Health Care Assistant to administer vaccines after specific training when a doctor or nurse was on the premises. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not fully assessed or well managed.

- There were very few procedures in place for monitoring and managing risks to patient and staff safety. There was a basic health and safety policy available with a poster in the reception office which identified local health and safety representatives; however, there was no health and safety risk assessment. The practice had no up to date fire risk assessments and did not carry out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had no other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (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. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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.
- The practice did not have a defibrillator available on the premises. They also did not have a risk assessment to explain what the practice would do in the event of an emergency where a defibrillator maybe required.
- The practice did have oxygen with adult and children's masks. 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 99.6% of the total number of points available, with 8.4% 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). 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 variable compared to the national average:
- 81% of patients with diabetes on the register had their blood sugar recorded as well controlled, compared to the national average of 78%. The exception reporting rate was 18%.
- 94% of patients with diabetes on the register had a recorded foot examination and risk classification, compared to the national average of 88%. The exception reporting rate was 3%.
- The percentage of patients with hypertension having regular blood pressure tests was better compared to the CCG and national average:

- 89% of patients with hypertension had a blood pressure reading of 150/90mmHg or less, compared to the national average of 84%. The exception reporting rate was 1%.
- Performance for mental health related indicators was lower compared to the national average:
- 100% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months, compared to the national average of 84%. The exception reporting rate was 46%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months, compared to the national average of 88%. The exception reporting rate was 17%.

There was evidence that clinical audits demonstrated quality improvement.

- There was evidence that audit was driving improvement in performance to improve patient outcomes. There had been two clinical audits in the last two years; only one audit was a completed two-cycle audit where the improvements made were implemented and monitored. For example, an audit looked at the prescribing practice of Methotrexate, a medicine used to treat rare forms of arthritis, skin diseases and malignancies. An improvement made by the practice as a direct result of the audit was that an alert was placed on the clinical records of each patient prescribed Methotrexate to remind the practice to invite the patients in for the annual influenza vaccine; a side effect of Methotrexate is decreased resistance to infection. As a result of the audit, there was a notable increase in Methotrexate patients being given the influenza vaccine.
- The practice did participate in local audits, national benchmarking, accreditation, peer review or research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding children, infection prevention and control and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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. Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding children, infection control, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However we found that staff had not received training in recognising and supporting vulnerable adults.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they

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

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available by referral and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82.16%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening

Are services effective?

(for example, treatment is effective)

programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 77% to 98% (practice) and 78% to 93% (CCG). For five year olds from 57% to 98% (practice) and 61% to 91% (CCG).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 39 patient Care Quality Commission comment cards we received 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 10 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice compared to the CCG and national average was comparable or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% said the GP was good at listening to them (CCG average of 84% and national average of 89%).
- 86% said the GP gave them enough time (CCG average 80%, national average 86%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).
- 84% said the last GP they spoke to was good at treating them with care and concern (national average 85%).

- 89% said the last nurse they spoke to was good at treating them with care and concern (national average 90%).
- 69% said they found the receptionists at the practice helpful (CCG average 68%, national average 73%).

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 on the comment cards we received was also positive and aligned with these views.

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

- 83% said the last GP they saw was good at explaining tests and treatments (CCG average of 80% and national average of 86%).
- 81% said the last GP they saw was good at involving them in decisions about their care (national average 85%).
- 94% said they had confidence and trust in the last nurse they spoke to (national average 97%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.3% of the practice list as carers, however, we did not see evidence that they were proactively trying to identify carers. Written

Are services caring?

information was available to direct carers to the various avenues of support available to them. Carers were also offered annual flu vaccinations, priority appointments and double appointments.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; the practice had met with the local community mental health team to discuss homeless patients accessing the referral pathway.

- The practice offered a 'Commuter's Clinic' on Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example, the practice recently updated their telephone system so that patients on hold were informed of the number they were in the queue.

Access to the service

- The practice was open between 08:30am – 6:00pm Monday – Thursday. Appointments were available from 8:30am – 6:00pm.
- The practice was open between 08:30am – 4:30pm on Friday. Appointments were available from 8:30am – 4:30pm.
- Extended surgery hours were offered from 6:00pm – 8:30pm every Tuesday.

- 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.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours (national average of 78%).
- 68% patients said they could get through easily to the surgery by phone (national average 73%).
- 69% patients said they always or almost always see or speak to the GP they prefer (national average 76%).

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

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, posters were displayed in the waiting area and leaflets were available for patients at the reception desk.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint was made on behalf of a patient. The complaint was that the GP had not treated the patient with empathy and respect. The practice acknowledged the complaint and invited the patient in for a meeting with the practice manager and GP in question. Following on from the meeting the practice investigated the complaint in line with their complaints policy and formally apologised to the patient.

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 a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to staff, except for a policy being established to protect service users from abuse.
- A comprehensive understanding of the performance of the practice was maintained
- There is evidence of a programme of continuous clinical and internal audit, which would have been used to monitor quality and to make improvements.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice. The care provided was compassionate; however, they did not always prioritise safety within the practice. Practice staff told us that one partner was visible, approachable and took the time to listen to members of staff.

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 had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a written apology
- They kept written records of written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice installed a new telephone system, which notified patients of their current position in the call waiting system.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered person did not have a defibrillator available at the practice and had not completed a risk assessment to indicate they had considered how they would deal with a medical emergency.• The registered person did not ensure that appropriate risk assessments were available for fire safety, health and safety, hazardous substances and legionella.• The registered person did not provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner, which is reflective of the requirements of the practice. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>