

Dr Pushpa Chopra

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Inadequate	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Pushpa Chopra on 02 November 2015 and conducted further staff interviews by phone on 05 November 2015. Overall the practice is rated as requires improvement.

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

- Shortfalls we identified at previous inspections of the practice in June/July 2014 and in September 2014 had been remedied. Other shortfalls were identified at this inspection however.
- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- Risks to patients were assessed, with the exception of those relating to legionella.
- The practice achieved 62.1% of the total Quality and Outcomes Framework (QOF) points available,

compared with the Havering Clinical Commissioning Group average of 92.2%. The GP had made an active decision not to participate in the QOF programme. The GP had not put in place alternative audits to demonstrate how the practice was improving outcomes for patients.

- Clinical audits demonstrated quality improvement, however they were few in number.
- The majority of patients said they were treated with compassion, dignity and respect, and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

Summary of findings

- The practice had proactively sought feedback from patients.

The areas where the provider must make improvements are:

- Ensure systems are in place to monitor and improve patient outcomes.
- Ensure patient records fully document the care and treatment that has been provided.
- Ensure processes are in place so that national guidelines for the monitoring of long term conditions are followed.
- Ensure all staff who act as chaperones have received a disclosure and barring service (DBS) check.
- Ensure protocols for repeat prescribing are adhered to.
- Ensure a legionella risk assessment is in place.

In addition the provider should:

- Check regularly that prescription pads and Statement of Fitness for Work forms are stored securely at all times to prevent their misuse.

- Put a system in place so that all patients with a current or past diagnosis of depression have a coded entry that appears on their medical summary and informs a register of patients with current or past depression.
- Record clearly using appropriate coded entries in the notes where a patient has made an informed choice not to have a recommended treatment.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected within six months after the report is published. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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.

- There was a system in place for reporting and recording significant events.
- Risks to patients were assessed, with the exception of those relating to legionella.
- Some systems and processes to address these risks were not implemented well enough to ensure patients were kept safe, namely chaperone arrangements, repeat prescribing, and the secure storage of prescription pads and Statement of Fitness for Work forms.

Requires improvement



Are services effective?

The practice is rated as inadequate for providing effective services.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice achieved 62.1% of the total There was
- The GP had made an active decision not to participate in the QOF programme. The GP had not put in place alternative audits to demonstrate how the practice was improving outcomes for patients.
- Clinical audits demonstrated quality improvement, however they were few in number.
- Not all patient records adequately documented the care and treatment provided.
- Processes were not in place to ensure national guidelines for the monitoring of long term conditions were followed.

Inadequate



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.
- The majority of patients said they were treated with compassion, dignity and respect, and were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had reviewed the needs of its local population and was in negotiation with NHS England to put in place a plan to secure improvements for the areas identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice was committed to providing high standards of quality and care to the practice patient population. Staff were clear about their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Systems to understand and improve the performance of the practice were not well developed.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as inadequate for providing effective care and requires improvement for providing safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated as inadequate for providing effective care and requires improvement for providing safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Steps were taken to identify and support patients at risk to prevent avoidable admission to hospital.
- Longer appointments and home visits were available when needed.
- Most patients with long term conditions had a structured annual review to check that their health and medicines needs were being met. The review was often carried out by another provider, for example the pharmacist, hospital or community team.
- For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in diabetes and chronic obstructive pulmonary disease (COPD) management.

Requires improvement



Families, children and young people

The provider was rated as inadequate for providing effective care and requires improvement for providing safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

Requires improvement



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening was comparable to the national average of 81.9%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The provider was rated as inadequate for providing effective care and requires improvement for providing safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 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 of this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing effective care and requires improvement for providing safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for providing effective care and requires improvement for providing safe and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- People diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- People experiencing poor mental health had a structured annual review to check that their health and medicines needs were being met. This was most often carried out by the hospital or community mental health team.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



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 better than local and national averages. Two hundred and ninety eight survey forms were distributed and 103 were returned, giving a response rate of 35%.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 95% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 98% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 94% described their experience of making an appointment as good (CCG average 69%, national average 73%).

- 89% usually waited 15 minutes or less after their appointment time to be seen (CCG average 59%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards and all but one expressed confidence in the treatment and care the patient had received. Patients said staff were helpful and caring, and the doctors listened to them and were reassuring. They could get appointments when they needed them. One patient however, said the treatment and care provided had not met their needs.

We spoke with two patients and / or their families during the inspection. They said they were very happy with the care they received. They had not had to wait long for an appointment and said the doctors and nurses listened to them and gave good treatment and advice.

Dr Pushpa Chopra

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to Dr Pushpa Chopra

Dr Pushpa Chopra is located in Upminster in the London Borough of Havering. It is one of the 52 member GP practices of Havering Clinical Commissioning Group.

The practice serves a predominantly White population, with 95.6% of people in the local area identifying as White, 1.8% as Asian / Asian British, 1.6% as Mixed / Multiple Ethnic Groups, 0.9% as Black / African / Caribbean / Black British, and 0.1% as Other Ethnic Groups. The practice has approximately 1,600 registered patients. The practice is located in the tenth less deprived decile of areas in England. Life expectancy in the area is close to the England average.

Services are provided by Dr Pushpa Chopra under a Personal Medical Services (PMS) contract with NHS England. Dr Pushpa Chopra is registered with the CQC as an Individual.

When we first inspected the practice in September 2013 the practice was meeting standards in relation to Respecting and involving people who use services, Care and welfare of people who use services, Safeguarding people who use services from abuse, Cleanliness and infection control, and Complaints.

We inspected the practice again over two days in June and July 2014 and found improvements were required in

relation to Care and welfare of people who use services, Cleanliness and infection control, Supporting workers, and Assessing and monitoring the quality of service. We issued a Warning Notice in respect of the shortfalls identified in relation to Care and welfare of people who use services. The practice was meeting standards in relation to Consent to care and treatment.

The last time we inspected the practice was in September 2014. The practice had made progress, but further improvement was required in respect of Care and welfare of people who use services.

At our inspection on 02 November 2015 shortfalls we had identified at previous inspections had been remedied. Other shortfalls were identified, however.

The practice opening times are:

Monday, Tuesday, Wednesday and Friday - 8.00am to 7.00pm

Thursday – 8.00am to 1.00pm

Routine appointments are available at the following times:

Monday and Tuesday – 9.30am to 10.30am and 5.30pm to 7.00pm

Wednesday and Friday - 9.30am to 10.30am and 5.30pm to 6.30pm

Thursday – 9.30am to 10.30am

Clinical services are provided by Dr Pushpa Chopra for all sessions except for the Wednesday and Friday afternoon sessions which are provided by a male GP working on a sessional basis. A third GP, also male, provides locum cover for Dr Chopra on a regular basis. Patients have the choice of seeing a female or male GP. There are two part time Practice Nurses. Non clinical staff include a part time Practice Manager and a team of four secretarial, administrative and reception part time staff.

Detailed findings

Patients are cared for by an external out of hours GP service when the practice is closed.

Dr Pushpa Chopra is registered with the Care Quality Commission to carry on the following regulated activities at 75 Sunnyside Gardens, Upminster, Upminster, Essex RM14 3DP: Treatment of disease, disorder or injury; Diagnostic and screening procedures; and Maternity and midwifery services.

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.

We also wanted to check that shortfalls we had identified at our inspections of Dr Pushpa Chopra in June/July 2014 and in September 2014 had been remedied.

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 02 November 2015 and conducted telephone staff interviews on 05 November 2015. During our inspection we:

- Spoke with a range of staff, including the GP, Practice Nurse, reception and administrative staff, and the Practice Manager.

- Observed how people were being cared for, and spoke with patients and / or family members.
- Reviewed the medical records of 25 patients. The sample of patients we chose included patients taking high risk medicines, patients with long term conditions, patients experiencing mental poor mental health (including patients with dementia), people with a learning disability, patients presenting with a new problem.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation the provider gave us about the operation, management and performance 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)

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 the time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available.
- The system supported the practice to carry out a thorough analysis of a significant event to identify and disseminate any lessons learned.

We reviewed adverse event reports which documented timely action taken to remedy concerns about safety, for example a suspected gas leak. There had been no other kind of adverse event in the 12 months prior to our inspection.

The practice manager told us that when there was an unintended or unexpected safety incident, people would receive reasonable support, truthful information, a verbal and written apology and would be told about any actions to improve processes to prevent the same thing happening again. They said the situation had never arisen and agreed to amend the Incident Management Policy to make explicit how the provider would meet the requirements of the Duty of Candour in future.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, including safeguarding adults and safeguarding children training. GPs and the Practice Nurses were trained to level 3 in safeguarding children reflecting the higher competence level clinical staff required.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Practice Manager was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. The practice had engaged a company specialising in healthcare premises to take care of all domestic and infection control cleaning procedures. There had been no infection prevention and control audit of the practice in the 12 months prior to our inspection. A full infection prevention and control audit by an external body was booked to take place on 18 November 2015.
- The practice's recruitment policy set out procedures and pre employment checks to ensure fit and proper persons were employed. The provider had not recruited any new staff since it registered with the Care Quality Commission on 01 April 2013.

However, the following systems and processes to address risks were not implemented well enough to ensure patients were kept safe:

- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and but not all had received a disclosure and barring service (DBS) check. There was no risk assessment in place to support this system. 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.
- Protocols were in place for managing medicines in the practice, including emergency drugs and vaccinations, to keep patients safe including obtaining, recording, handling, and storing. However arrangements for storing prescription pads and Statement of Fitness for Work forms securely to prevent their misuse and protocols for repeat prescribing were not being adhered to. Among the 25 patient records we reviewed there was one patient who had diazepam on repeat prescription as well as zopiclone. The GP removed diazepam from the list of repeat prescriptions for this patient when we pointed this out to them, adding that they would have picked this up when they were presented with the prescription to sign. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice carried out medicines audits, with the support of the local CCG

Are services safe?

pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patients taking warfarin were monitored by the pharmacist. The practice was monitoring patients taking other high risk medicines, for example disease-modifying anti rheumatic drugs (DMARDs).

Monitoring risks to patients

Risks to patients were assessed and managed, however the practice did not have a legionella risk assessment in place.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice carried out regular fire drills. Clinical equipment was checked and serviced regularly to ensure it was working properly.
- 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 accident book available and all staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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. Emergency contact numbers were available for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

It was difficult to ascertain from the medical records we looked at that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. This was because not all the medical records we looked at fully documented the treatment and care provided to patients. The practice had systems in place to keep all clinical staff up to date and staff had access to guidelines, including best practice guidelines from the National Institute for Health and Care Excellence (NICE). The GP gave us examples of how they used this information to deliver care and treatment that met people's needs.

Management, monitoring and improving outcomes for people

The Quality Outcomes Framework (QOF) is a programme intended to improve the quality of general practice and reward good practice. The 2014/15 Quality Outcomes Framework (QOF) result for the practice showed it achieved 62.1% of the total points available, which compared poorly with the average result for the CCG (92.2%), and for England as a whole (93.5%). The clinical exception rate of 4.9% was considerably lower than the CCG (9.2%) and England (9.2%) averages.

The GP had made an active decision not to participate in the QOF programme. The GP had not put in place alternative audits to demonstrate how the practice was improving outcomes for patients.

While prevalence for the practice across most of the different clinical areas was comparable with CCG averages, we could not be confident that all disease registers were accurate. Disease registers are an important tool for monitoring and improving patient outcomes. For example, the patient record system listed six patients with depression. However, when we did a search of patients taking antidepressant medication in the last three months, the system listed 26 patients. The GP told us that for patients who have, or who have had, depression that was not their primary diagnosis a coded entry would not appear on the patient problem list. As depression had not been coded as an active problem the apparent prevalence of depression was low. This was likely to lead to poor care for this group of patients. Also, we found one patient

included on the diabetes register who did not have diabetes. The GP told us there was a problem with the system that made it difficult to remove patients from the diabetes register.

Clinical audits demonstrated quality improvement, however they were few in number.

- There had been three clinical audits conducted in the last two years, one of these was a completed audit about A&E attendances where the improvements made were implemented and monitored. There had been a reduction in the number of attendances in 2013 compared with 2012.
- Findings were used by the practice to develop ways of improving the service. For example, recent action taken as a result of one of the audits included increasing the frequency of medication review of patients taking more than eight prescription medicines to every three months annually.

Our analysis of the QOF data for 2013/2014 showed a very large variation between the practice's performance and national averages for some diabetes, mental health and hypertension indicators.

The GP told us that the nature and wishes of their patients adversely influenced the practice's performance in QOF and other performance data reporting. This view could not be supported by evidence in the patient records. The GP told us, for example, that some diabetic patients would not give a urine sample as requested so that their albumin:creatinine ratio could be calculated. This test detects the early stages of kidney disease. The GP was not noting in the patient's records when they had requested the urine sample to demonstrate that good practice was being followed in this area of patient care. The GP also told us patients with high blood pressure were advised to come back to have their blood pressure checked but that some did not, and that some patients refused to take blood pressure medication. Neither advice nor patients declining medication was being noted in the patient's record. We saw no evidence of safety netting systems that would ensure that nationally recommended tests and monitoring were being undertaken. This resulted in poor performance in some QOF domains for diabetes, hypertension and renal disease.

Are services effective?

(for example, treatment is effective)

The majority of patients experiencing mental health problems whose notes we looked at were under the care of the hospital or the community mental health team and their care plans and reviews were being completed by these providers.

Complete records in respect of the care and treatment provided to each patient and of decisions taken in relation to the care and treatment provided were not always maintained. We looked at the medical notes of 25 patients. Amongst these we saw examples where an adequate assessment of the patient's condition was not evidenced: no history, examination and diagnosis were recorded. We also saw notes where advice given to patients (safety netting) and follow up arrangements were not recorded.

Effective staffing

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

- 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, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during the working day, clinical supervision, and facilitation and support for the revalidation of doctors and practice nurses. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and infection control. While the provider found the cost of providing e-learning training modules prohibitive, staff had access to in-house training and training provided by the CCG.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary Integrated Case Management (ICM) team meetings took place on a monthly basis where the care plans of patients with the most complex needs were 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, where appropriate, worked with the patient's carer to make a decision about treatment in the best interests of the patient. Alternatively, they would refer the patient to more specialist services.

Health promotion and prevention

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 experiencing mental health problems and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme in 2013/14 was 76.8%, which was comparable to the national average of 81.9%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given ranged from 64.3% to 100.0% for under two year olds, and

Are services effective?

(for example, treatment is effective)

from 50.0% to 83.3% for five year olds. Figures for the CCG as a whole were not available. The flu vaccination rate for patients aged 65 and older was 63.7%, and for at risk groups the rate was 48.1%. These figures were comparable with the national averages of 73.2% and 52.3% respectively.

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 and people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 in which to discuss their needs.

All but one of the 34 patient CQC 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with two patients and / or members of their family. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice compared well with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 82%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 95% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patient feedback on all but one of the 34 comment cards we received was that patients received good treatment and care. Patients commented they felt listened to and supported by staff and did not feel rushed during consultations. One comment card however fed back that a patient had received entirely inappropriate treatment and care.

The two patients and / or their family members we spoke with also told us they felt listened to and were given enough time and support, and had received very good treatment and care.

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 in line with local and national averages. For example:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language, although this was rarely required due to the profile of the local population.

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 14.6% of the practice list as carers. Written information was available to

Are services caring?

direct carers to the various avenues of support available to them. Families that had suffered bereavement were also supported and given 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 offered extended surgery consultation on Monday and Tuesday evenings until 7.00pm for working patients who could not attend during normal opening hours.
- Longer appointments were available, for example for the health check for people aged over 75 years.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Additional clinics were held to enable people to have the flu vaccine.

Access to the service

The practice was open at the following times:

Monday, Tuesday, Wednesday and Friday - 8.00am to 7.00pm

Thursday – 8.00am to 1.00pm

Routine appointments were available at the following times:

Monday and Tuesday – 9.30am to 10.30am and 5.30pm to 7.00pm

Wednesday and Friday - 9.30am to 10.30am and 5.30pm to 6.30pm

Thursday – 9.30am to 10.30am

Patients were usually seen with 48 hours of requesting an appointment. Appointments could be booked online and up to one month in advance. Telephone consultations and same day urgent appointments were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment exceeded local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 94% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 89% patients said they usually waited 15 minutes or less after their appointment time (CCG average 59%, national average 65%).

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 including posters, leaflets, and information about the NHS advocacy service and Parliamentary and Health Service Ombudsman.

The practice had not received any complaints in the 12 months prior to our inspection.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The provider was committed to maintaining high standards of quality and care to the practice patient population and providing a safe and comfortable environment where patients and staff could be confident that their health and wellbeing needs are met and that best practice is being followed at all times. The provider had applied to the NHSE to enter into a partnership to increase capability and capacity, improve access for patients and the range of services on offer, and to provide teaching opportunities to medical students.

Governance arrangements

There was a governance framework in place which supported the delivery of services to patients. The framework was made up of:

- A clear staffing structure and lines of accountability. Staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing issues and most risks, and implementing mitigating actions.

However, some other of the practice's governance arrangements required improvement.

- Systems to understand and improve the performance of the practice were not well developed.
- Prescription pads and Statement of Fitness for Work forms were not stored securely overnight to prevent their misuse. The practice manager undertook to remedy this straight away.

Leadership, openness and transparency

The provider prioritised safe and compassionate care. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. They 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 would give affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that communication was effective despite there being few whole practice meetings, which the practice found difficult to resource. GP colleagues met regularly outside the practice, the GP and practice nurse worked closely together, and there were fortnightly briefing meetings between the Practice Manager and the Senior Receptionist.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the Practice Manager or GP, were confident in doing so, and felt supported if they did.
- Staff said they felt respected, valued and supported by the GP, the Practice Manager and their colleagues. The GP in turn was very appreciative of the staff team and their efforts to ensure patients received high quality care.

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.

- It had implemented the NHS Friends and Family Test and gathered feedback from patients through surveys. The GP and practice staff reviewed the results on a monthly basis and fed back to patients any action taken on the patient information notice board in the waiting area. The practice was setting up a patient participation group.

The practice had also gathered feedback from staff through discussion and appraisals. Staff told us they would not

Are services well-led?

Requires improvement



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

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively to ensure that persons employed are of good character. Not all staff that might be called upon to act as a chaperone had a Disclosure and Barring Service (DBS) check. Regulation 19.-(2)(a)
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not being provided in a safe way for service users. The repeat prescribing protocol was not always adhered to. Among the 25 patient records we reviewed there was one patient who had diazepam on repeat prescription as well as zopiclone, without any recent review or advice and risks recorded. 12.-(2)(g) The practice did not have a legionella risk assessment in place. Regulation 12.-(2)(a)(b)
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were not in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider was not using the Quality Outcomes Framework (QOF) programme and alternative

Requirement notices

systems for monitoring and improving outcomes for patients were not developed. Clinical audits demonstrated quality improvement, however they were few in number. Regulation 17.-(2)(a)

Processes were not in place to maintain a complete record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided. Among the 25 patient records we looked at we saw examples where an adequate assessment of the patient's condition was not evidenced: no medical history, examination and diagnosis were recorded. We also saw notes where advice given to patients (safety netting) and follow up arrangements were not recorded. We also saw notes where a patient's refusal to take a medication was not recorded. Regulation 17.-(2)(c)

Regulated activity

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

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person was not designing care or treatment with a view to ensuring patients' needs were met. Processes were not in place to ensure national guidelines for the monitoring of long term conditions were followed. Regulation 9.-(3)(b)