

Drs Shrivastava & Raolu

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shrivastava and Raolu on 12 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed. However, the risk assessments to manage health and safety matters did not identify all the hazards and the control measures in place. Not all the staff had received training in matters relating to health and safety.
- Appropriate recruitment checks had not always been undertaken prior to employment. The nursing team did not have medical indemnity cover.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were no records of induction and clinical supervision on staff files.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with 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.
- There was a clear leadership structure and staff felt supported by management. The practice took account of feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

Summary of findings

- Appropriate recruitment checks had not always been undertaken prior to employment.
- Systems and processes were not in place to ensure relevant staff had appropriate medical indemnity insurance in place as required by The Health Care and Associated Professions (Indemnity Arrangements) Order 2014.
- The risk assessments to manage health and safety matters did not adequately or accurately identify and describe all the hazards and the control measures in place.
- Not all staff had received mandatory training such as infection prevention and control (IPC) and fire safety.
- Procedures did not include arrangements for training and disclosure and barring service checks for staff who act as chaperones.
- The IPC protocol was not up to date.
- There was no record of staff vaccination or immunity status and this had not been checked.
- The emergency equipment may not always be easily located due to its storage location.
- Induction and clinical supervision was not recorded.
- Not all the staff felt they were involved in discussions about how to run and develop the practice.

The areas where the provider should make improvement are:

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed. However, the risk assessments to manage health and safety matters did not identify all the hazards and the control measures in place. Not all the staff had received training in matters relating to health and safety.

The areas where the provider must make improvement are:

- Appropriate recruitment checks had not always been undertaken prior to employment.
- Systems and processes were not in place to ensure relevant staff had appropriate medical indemnity insurance in place as required by The Health Care and Associated Professions (Indemnity Arrangements) Order 2014.
- The risk assessments to manage health and safety matters did not adequately or accurately identify and describe all the hazards and the control measures in place.
- Not all staff had received mandatory training such as infection prevention and control (IPC) and fire safety.

The areas where the provider should make improvement are:

- Procedures did not include arrangements for training and disclosure and barring service checks for staff who act as chaperones.
- The IPC protocol was not up to date.
- There was no record of staff vaccination or immunity status and this had not been checked.
- The emergency equipment may not always be easily located due to its storage location.

Summary of findings

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Clinical audits demonstrated quality improvement.
- 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 patients' needs.

The areas where the provider should make improvement are:

- Induction and clinical supervision was not recorded.

Good



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 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.
- 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.

Good



Summary of findings

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

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care although some areas such as recruitment, staff training, infection prevention and control and risk management required improvement.
- 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice took account of feedback from staff and patients but had not proactively sought feedback patients and did not have a patient participation group. Not all staff felt they were involved in discussions about how to run and develop the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had a higher than average percentage of patients in the older age groups. We saw there were detailed assessment processes in place for patients over 75 years which took account of social issues and needs as well as their health needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- The nursing team had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 89.5% which was similar to the CCG, and national averages of 82.7% and 89.2%. We saw detailed assessments of need for patients with diabetes.
- 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.

Families, children and young people

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

Good



- The nursing team had lead roles in long term condition management disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Performance for diabetes related indicators was 89.5% which was similar to the CCG, and national averages of 82.7% and 89.2%. We saw detailed assessments of need for patients with diabetes.
- 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.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online appointment and prescription services as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours from 7.30am to 8am on a Tuesday and until 8pm on a Wednesday 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.
- The practice informed 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice also worked closely with the voluntary sector in providing support for patients and carers and staff had completed training in dementia with a carers support group.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. 324 survey forms were distributed and 111 were returned. This represented 3.4% of the practice's patient list.

- 90.8% found it easy to get through to this surgery by phone compared to a CCG average of 73.2% and a national average of 73.3%.
- 85.9% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.1%, national average 85.2%).
- 79.1% described the overall experience of their GP surgery as fairly good or very good (CCG average 73.1% national average 73.3%).

- 84.3% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. The patients told us they were very satisfied with the care and treatment they received. They also commented that staff were very friendly and helpful and said the clinical staff listened to them.

We spoke with two patients during the inspection. The patients said they were happy with the care they received and thought staff were approachable, committed and caring. They said they could get appointments when needed and they also said the clinical staff listened to them.

Drs Shrivastava & Raolu

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Drs Shrivastava & Raolu

Dr Shrivastava and Raolu practice is situated within a purpose built surgery in a building known as Maltby Services Centre in Maltby, Rotherham. This was built in 2008 and provides a joint service centre comprising of Local Authority offices, leisure facilities and NHS services. The surgery operates over two floors but all the patient facilities are on the ground floor.

The practice provides General Medical Services (GMS) for 3,258 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There are two GP partners, one male and one female. The nursing team comprises of one nurse practitioner, a practice nurse and a health care assistant. There is a practice manager and administration and reception team.

The practice reception hours are 8am to 6.30pm, Monday to Friday. Surgery times are 8am to 6.30pm Monday to Friday. Extended hours are provided 7.30am to 8am on a Tuesday and until 8pm on a Wednesday.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

Out of hours services are provided by Local Care Direct. Calls are diverted to this service when the practice is closed. A walk-in centre is available at Rotherham Community Health Centre

The practice is registered to provide the following regulated activities; maternity and midwifery services; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.

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 registered 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 12 January 2016. During our visit we:

- Spoke with a range of staff including one GP, nurse practitioner, health care assistant, practice manager, two administration staff and two reception staff.
- We spoke with two patients who used the service.

Detailed findings

- Observed interactions between staff and patients 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.
- The practice carried out an analysis of the 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, we saw information relating to safety alerts had been discussed in practice meetings. We also saw where there were any issues identified in records of significant events related to actions of individual staff this was discussed with them.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 systems, processes and practices in place to help keep patients safe and safeguarded from abuse, although we found some areas for improvement. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All but the two newest members of staff had received formal training relevant to their role; all the staff we spoke with demonstrated they understood their responsibilities

and were aware of reporting procedures. The practice manager told us safeguarding training was scheduled for March 2016. GPs were trained in safeguarding children to level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff we spoke with who acted as chaperones understood their role as a chaperone but one member of staff said they had not received formal training in this area. The practice manager told us this was part of the induction process but was not specifically recorded. A long standing member of staff had received formal training in this area but had not 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).
- We observed the premises to be clean and tidy throughout. The nurse practitioner was the infection prevention and control (IPC) clinical lead and had completed training at level one and two in this area. The practice manager told us IPC training had not been provided for the rest of the staff team although staff we spoke with displayed knowledge relevant to their role. For example, reception staff were aware of processes for handling samples and they told us they had received training in hand washing procedures. There was an infection control protocol in place and although this had been reviewed on 5 January 2016 it contained information that was not up to date. For example, the procedure included information in relation to cleaning of equipment which the practice no longer used. An infection control audit had been completed in November 2015. We were told this was the first audit the practice had undertaken in this area. We saw that there were no shortfalls identified in the audit completed.
- The practice manager did not hold a record of staff vaccination or immunity status and told us these areas had not been checked on employment other than for Locum GPs. We were told by the practice manager that they had just started to check staff vaccination status for Hepatitis B. It is recommended by Public Health England that all staff should be up to date with their routine immunisations such as tetanus, diphtheria, polio and MMR. They also recommend other vaccines depending on staff role and any identified risk.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, 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. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- The practice had a low staff turnover and the practice had only recruited two staff since registration with CQC in 2013. We reviewed these two members of staff recruitment files and found that not all the appropriate recruitment checks had been undertaken prior to employment. For example, in one record there were no references. Checks through the DBS had been completed for both staff but not received until a week after employment. The practice manager told us the staff would have been on induction and shadowing other staff during this period and not working alone with patients. Additionally, there were no interview records, no checks on vaccine and immunity status and no records of induction training. We also checked the recruitment records of a clinician employed prior to registration with CQC and saw there were no references, record of immunity and vaccine status or induction record. We found that the nurse prescriber and health care assistant did not have medical indemnity cover as required by The Health Care and Associated Professions (Indemnity Arrangements) Order 2014. Their clinics were cancelled and the manager told us they would try to employ locum cover until this insurance cover was obtained. The practice told us the insurance was applied for immediately. The practice did not hold up to date evidence of one of the GPs indemnity cover but a copy of this was provided after the inspection. We

informed NHS England of this shortfall in medical indemnity cover. The recruitment policy and procedure was basic and did not include areas such as checks of immunisation status and medical indemnity cover.

Monitoring risks to patients

The majority of risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice was located within a purpose built surgery in a joint service centre comprising of Local Authority offices, leisure facilities and NHS services. Some areas relating to health and safety, such as Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and fire safety, were managed by the landlord. We had discussed these arrangements with the building manager and they had provided evidence to show these areas were well managed when we had visited the building during an inspection at the neighbouring practice in October 2015. We had observed that detailed records were maintained by the building manager and checks related to health and safety matters had been consistently completed over a long period of time.
- The practice had three fire wardens who had completed training for this role with the landlord. The practice manager told us the last fire training provided by the practice had been completed in 2013. There were no records to evidence the two newest members of staff had completed fire training and one of these staff told us they had not been at the practice during a fire evacuation practice.
- 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 some basic risk assessments in place to monitor health and safety matters such as control of substances hazardous to health and sharps injuries. However, these did not adequately describe all the hazards and the control measures in place. For example, one of the control measures on the sharps injuries risk assessment stated staff were up to date with immunisations when immunisation and vaccine status had not been checked.

Are services safe?

- 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 but one member of staff had received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

This was a shared piece of equipment with the neighbouring practice and was held in a shared utility room. We observed that the equipment was stored in a box which was labelled, however a clipboard had been placed on the box and the label was hidden so the equipment may not have been easy to locate in an emergency.

- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff we spoke with were not aware of the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We saw some evidence the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. The practice had a higher than average percentage of patients in the older age groups. We saw there were detailed assessment processes in place for patients over 75 years which took account of social issues as well as their health. We also saw detailed needs assessments for patients with diabetes.

However, the practice was not able to evidence a systematic process to review National Institute for Health and Care Excellence (NICE) best practice guidelines. The lead GP and practice manager were aware this area could be improved and told us it was one of the challenges of being a small practice.

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 showed the practice had achieved 93.6% of the total number of points available, with exception rate 6.2% 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 2014/15 showed;

- Performance for diabetes related indicators was 89.5% which was similar to the CCG, and national averages of 82.7% and 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 84.67% similar to the national average of 83.65%.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits requested by the CCG. However, there was no evidence that the practice conducted internally driven clinical audits to monitor care and treatment provided.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improvement in data collection for patient referral to the memory clinic.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment although we found some shortfalls in induction training and records.

- The practice had an induction programme for all newly appointed staff. Staff were able to describe this process and said it included a period of shadowing other staff and a period of supervision in the role. The practice had a format to record the induction however; there were no records of induction on staff files. The two newest members of staff had not received mandatory training such as safeguarding, infection prevention and control (IPC) and fire safety. The practice manager told us safeguarding training was scheduled for March 2016.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions, Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work although this was not always recorded. This included ongoing support during sessions, appraisals and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- The nurse prescriber told us they received some clinical supervision with one of the GPs but this was informal

Are services effective?

(for example, treatment is effective)

and the sessions were not recorded. They said they also received peer support from the nurses at the neighbouring practice and had recently joined the Rotherham practice nurses forum. They told us they had made arrangements for support for revalidation.

- The majority of staff had received training which included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of in-house training and local CCG training events. Fire training had not been provided by the practice since 2013. Information for staff about the buildings fire procedures was provided by the landlord in that fire alarm tests and fire evacuation procedures were practiced regularly and fire warden training had been provided for three staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and its intranet 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. Training had been provided in this area for the majority of staff. 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.

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, 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.
- Smoking cessation advice was available at the practice and from a local support group.

The practice's uptake for the cervical screening programme was 75.4%, which was comparable to the CCG average of 77.9% and the national average of 73.2%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.3% to 97.4% and five year olds from 97.1% to 100%.

Flu vaccination rates for the over 65s were 76.35%, and at risk groups 57.74%. These were also comparable to CCG and national averages.

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 of the 30 patient CQC comment cards received and patients we spoke with 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. Comments we received also 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 was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 85.9% said the GP was good at listening to them compared to the CCG average of 89.4% and national average of 88.6%.
- 95.6% said the GP gave them enough time (CCG average 91.9%, national average 91.9%).
- 98.5% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%)
- 86.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).
- 95.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).

- 88% said they found the receptionists at the practice helpful (CCG average 86.6%, national average 86.8%)

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 in line with local and national averages. For example:

- 79.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.7% and national average of 86.0%.
- 77.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.6%, national average 81.4%).
- 91.7% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86.2%, national average 84.8%).

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

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 6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice worked closely with the voluntary sector in providing support for patients and carers and staff had completed training in dementia with a carers support group.

If families had suffered bereavement, the practice contacted them. This call was followed by a patient

Are services caring?

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. One patient told us the practice had been very supportive when their relative had died.

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. The practice told us they worked closely with the CCG in provision of long term conditions case management, over 75s reviews and admission avoidance. The practice manager and a GP attended a monthly meeting with other local practices to review patient needs.

- The practice offered extended hours from 7.30am to 8am on a Tuesday and until 8pm on a Wednesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them.
- 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.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice reception hours were 8am to 6.30pm, Monday to Friday. Surgery times were 8am to 6.30pm Monday to Friday. Extended hours were provided 7.30am to 8am on a Tuesday and until 8pm on a Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance and urgent same day 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 higher than local and national averages.

- 79.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 74.9%.

- 90.8% patients said they could get through easily to the surgery by phone (CCG average 73.2%, national average 73.3%).
- 85.9% patients said they always or almost always see or speak to the GP they prefer (CCG average 84.1%, national average 85.2%).

People told us on the day of the inspection that they were able to get appointments when they needed them and they said they could ask for longer appointments.

The practice did not have a website to provide information about their services for patients. However, the practice did offer online appointment booking and prescription services.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had received very few complaints and the log showed only one complaint had been received in 2014/15. We looked at this complaint and found it had been satisfactorily handled and dealt with in a timely way. We could see that the complaint had been discussed and the case clinically reviewed to ensure any lessons would be identified.

We saw the complaints procedure did not include information for patients on how to escalate their complaint if they were not satisfied with the response from the practice. The practice manager said they speak to patients about this but would also update the procedure with this information.

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 vision to deliver high quality care and promote good outcomes for patients. It understood the challenges of being a small practice and the future challenges in relation to retirement of key staff. The management team had discussed plans for the future and they had developed a business plan which identified their strengths and weaknesses and what they wanted to achieve. However, this did not give any clear strategy or timescale for moving forward with their plans.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care although some areas required further development and improvement. 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 all staff.
- An understanding of the performance of the practice was maintained.
- A limited programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were basic arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

There were some areas for improvement in the practice procedures such as recruitment, staff training, infection prevention and control, audit and risk management. The practice manager only worked 12 hours per week at this practice and told us lack of time sometimes impacted on their ability to ensure all processes were implemented and tasks such as recruitment were fully completed.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensured good quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were 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 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 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. However, not all staff felt they were involved in discussions about how to run and develop the practice.

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

The practice took account of feedback from patients, the public and staff.

- The practice took account of information available to them such as the results from the NHS Friends and Family Test and the National GP Survey. They had also sought patients' feedback as part of one of the GPs revalidation process. They told us they had tried to engage patients in the delivery of the service by implementing a patient participation group (PPG) but had no response to this. We saw a notice in the waiting room inviting patients onto the PPG.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, some staff told us they had not felt they were always listened to.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured staff were of good character prior to employment because:</p> <ul style="list-style-type: none">• Disclosure and Barring Service checks, for those staff who required these, and references had not always been obtained prior to employment. <p>19(1)(a)(2)(3)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider had not put adequate systems and processes in place to assess, monitor and mitigate the risks to health, safety and welfare of service users and others who might be at risk which arise from the carrying on of a regulated activity. This was because:</p> <ul style="list-style-type: none">• The risk assessments to manage health and safety matters did not adequately or accurately identify and describe all the hazards and the control measures in place.• Staff had not all received training in health and safety matters such as infection prevention and control and fire safety.• The registered provider had not put systems and processes in place to ensure relevant staff had appropriate medical indemnity insurance in place as required by The Health Care and Associated Professions (Indemnity Arrangements) Order 2014. <p>17(2)(b)(d)</p>