

Dr Sukumaran and Partners

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?

Good 

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 Sukumaran and Partners on 04 November 2015. Safe and well-led services were inadequate, effective services required improvement, caring and responsive services were good. The practice was rated inadequate overall and placed into special measures for six months.

We carried out a further announced comprehensive inspection at Dr Sukumaran and Partners on 22 July 2016 to check whether sufficient improvements had been made to take the practice out of special measures. Safe and well-led services were inadequate, effective caring and responsive services required improvement. The practice was rated inadequate overall and was placed into an extended period of special measures for six months.

The practice has been kept under review and told urgent enforcement action could be escalated if necessary, and another inspection would be conducted within six months. We told Dr Sukumaran and Partners if they had

not carried out enough improvement we would move to close the practice by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

The full reports for 04 November 2015 and 22 July 2016 can be found by selecting the 'all reports' link for Dr Sukumaran and Partners on our website at www.cqc.org.uk.

We carried out an announced comprehensive follow-up inspection at Dr Sukumaran and Partners on 06 June 2017. The practice was rated as good, for all domains making the practice good overall.

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

- Staff members knew how to raise concerns, and report safety incidents. However, they had not been reviewed or analysed them to monitor trends and avoid re-occurrences.
- Safety information was appropriately recorded; learning was identified and shared with all staff members.

Summary of findings

- The infection control policy met current guidance with audits having been undertaken to review, analyse and monitor effectiveness.
- Clinical audits were undertaken but only one was a completed cycle to enable improvements to be measured.
- Risks to patients and staff members had been assessed, documented and acted on appropriately. These had not been reviewed to check for themes or trends.
- Staff members assessed and delivered patient care in line with current evidence based guidance. However, the monitoring of patients suffering from poor mental health required strengthening despite considerable improvements having been made.
- Staff showed they had the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity, respect, and involved in their care and treatment decisions.
- Information about the practice services and how to complain was available at the reception desk and on the practice website in easy to understand formats. Although, complaints were not monitored to understand any trends, or to avoid re-occurrences.
- The practice was aware of and complied with the requirements of the duty of candour when dealing with complaints and significant events in an open and honest approach.

- Patients said they were able to make an appointment with a named GP and they received continuity of care. We were also told they had access to urgent appointments on the day.
- The practice facilities, and equipment was appropriate to treat patients and meet their needs.
- There was a clear leadership structure and in addition, staff members felt supported by the GPs and practice management team.
- The practice patient participation Group (PPG) worked proactively with the practice.

The areas where the provider should make improvements are:

- Analyse and review safety incidents, risk assessments and complaints to monitor themes and trends to avoid re-occurrences.
- Continue to monitor and improve patient satisfaction about the services provided.
- Continue to improve the performance of the practice in relation to patients suffering from poor mental health.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 good for providing safe services.

Good



- Staff members knew how to raise concerns, and report safety incidents. Although they had not been reviewed or analysed to monitor trends and avoid re-occurrences.
- When things went wrong patients received, reasonable support, truthful information, and a written apology when appropriate.
- Safety information was recorded appropriately and lessons learned identified. Lessons learned from incidents were shared with all staff members.
- The infection control policy met current national and local guidance, we also found audits had been carried out and reviewed to monitor effectiveness.
- Risks to patients and staff members were assessed, documented and acted on appropriately. However, these had not been reviewed to check for themes or trends.
- The practice had arrangements and processes to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were comparable overall to local and national practices. However, the review of patients suffering with poor mental health needed improvement to improve patient mental health outcomes.
- Staff assessed patients' treatment and care needs and delivered care in line with current evidence based guidance.
- Clinical audits at the practice showed improvements to patient outcomes and service quality. Although there was only one completed cycle audit, without completed cycles, this did not demonstrate an effective quality improvement process.
- 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 members.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice comparably with local and national practices.
- Patients said they were treated with compassion, dignity and respect and involved in decisions about their care and treatment.
- Information for patients about practice services was easy to understand. This information was in the practice and on their website.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality at all times.
- The practice had identified patients who were carers and recorded them on their computer records. The number of carer's identified was 86 and this equated to 1.2% of the practice population.

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

- Practice staff reviewed the needs of its local, practice population, and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services when identified.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice facilities and equipment was appropriate to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence we saw showed the practice responded promptly to issues raised.
- Learning from complaints was shared with all staff. Although they did not analyse or review complaints to monitor trends to avoid re-occurrences.

Good



Are services well-led?

The practice is rated good for being well-led.

- Since the previous two inspections, the leadership and governance at the practice had improved. Staff had worked towards making improvements and had achieved the majority of those that had been previously identified.
- The practice had a clear mission statement to deliver high quality care and promote good outcomes for patients. Staff were clear about the new clinical governance changes at the practice and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff told us they felt supported by GPs, and management.
- The practice had a number of policies and procedures to govern activity. Governance was a standing item on practice meeting agendas and discussed at every meeting.
- There was an overarching governance framework, which supported the delivery of the practice strategy and quality of care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. This was seen when they were dealing with complaints and safety incidents.
- The GP partners encouraged a culture of openness and honesty and involved staff and patients with the practice developments and decision making.
- The practice acted on feedback from staff members, and patients via the patient participation group.
- There was a strong focus on continuous learning at the practice and improvement at all levels. This was seen with the new processes and procedures put into place by the clinical lead to improve safety and patient outcomes seen as concerns at previous inspections.

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 good for the care of older people.

Good



- The practice offered older people in its population personalised care to meet their needs.
- Home visits and urgent appointments for those that needed them was offered to older people and they all had a named GP.
- Quarterly palliative care meetings operated to understand and discuss patients identified as frail, and at risk of deteriorating health.
- The nursing staff provided housebound patients home visits for; BP checks, diabetic checks, asthma checks, ear irrigation and flu vaccinations to support their continued health.
- The uptake for shingles and flu vaccinations was high in comparison with local and national practices.
- Senior health checks were offered, on an ad-hoc basis to maximise their uptake.

People with long term conditions

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

Good



- Nursing staff and GPs had lead roles in chronic disease management.
- People with long-term conditions were provided with a named practice GP and a structured annual health review. They worked with relevant health and social care professionals to deliver a multidisciplinary package of care, to reduce the need for hospital visits.
- Patients at risk of a hospital admission were identified as a priority, and personalised care plans had been produced to ensure their continuity of care.
- Diabetic quality data from 2015 to 2016 showed the practice averages were significantly higher at 14% and 8% greater than local and national practices. The practice offered advanced diabetes care, including the initiation of injectable medicine for type 2 diabetes. This reduced the need for patients to attend hospital and gave them access to doppler checks for circulation to maintain their treatment locally.
- Respiratory care with in house peak flow meters, spirometry, pulse oximetry, oxygen therapy and nebulisers.
- A blood pressure machine lending service, for home blood pressure recording.

Summary of findings

- A mole diagnosis service including dermascope.
- There was provision of joint injections and minor surgery.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances or at risk, for example, those who had a high number of A&E attendances.
- Immunisation rates were significantly higher than local and national practices, for all standard childhood immunisations.
- A range of contraception services was available. This included contraceptive implant, insertion and removal of intrauterine systems or devices and change of ring pessaries.
- Cervical screening data showed the practice was higher than local and national practices.
- Appointments were available outside of school hours and college hours, and the premises were suitable for children and babies.
- On-line appointments and prescriptions were available.

Good



Working age people (including those recently retired and students)

The practice is rated 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 services had been adjusted. For example:

- The practice offered early or later appointments to patients in this population group.
- They offered online services to book appointments, request repeat prescriptions, and to receive text alerts.
- Travel health advice and immunisations were available.
- Occupational vaccinations to support those needing them for work purposes.
- A full range of health promotion and screening was available at the practice to reflect the needs of this population group.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable.

- The practice recognised patients living in vulnerable circumstances including, homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer or double appointments for patients with a need.
- 33 people had been identified with a learning disability, and each of them had been offered a health review.
- The practice clinical members of staff worked with other health care professionals in the case management of vulnerable patients.
- They worked with local care homes to provide treatment planning, and home visits when needed.
- Information was available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff members knew how to recognise the signs of abuse and were aware of their responsibilities concerning the sharing of information regarding safeguarding concerns.
- The practice safe guarding policy had the local team contact details and staff members knew where to find these.
- All staff members had recently undergone safeguarding training of vulnerable adults and children.
- The GP safeguarding lead at the practice attended forums, and provided reports for other agencies.

People experiencing poor mental health (including people with dementia)

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

- 88% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months; this was comparable with local and national practices. Some improvements were still required in relation to the monitoring of patients with poor mental health.
- The practice worked with multi-disciplinary professionals to support patients experiencing poor mental health, including those with dementia.
- Staff members had received training to help safeguard adults and children from abuse. We found staff were familiar with the details of the Mental Capacity Act.
- Information was available for patients in this population group about how to access various support groups and voluntary organisations.
- The clinical lead had a system in place to follow up patients attending accident and emergency that may have been experiencing poor mental health.
- Staff members told us they would find a suitable quiet area for patients to wait if they were feeling anxious, depressed, or too unwell to wait in the busy waiting room.

Requires improvement



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published on July 2016 showed the practice performed in line with local and national averages. 288 survey forms were distributed and 118 were returned. This represented 41% of the practice's patient list.

The responses from patients in the national GP survey about access and practice satisfaction were lower than local and national practices.

- 67% of respondents found it easy to get through to this practice by phone compared with 69% locally and 73% nationally.
- 64% of respondents describe their experience of making an appointment as good compared with 72% locally and 73% nationally.
- 70% of patients described the overall experience of this GP practice as good compared with 84% locally and 85% nationally.

- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with 77% locally and 79% nationally.

As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 patient Care Quality Commission comment cards. All but one comment was extremely positive. The one negative comment did not identify unsafe care.

We spoke with ten patients during the inspection; they all told us the care they received was excellent. They also thought all staff members, were approachable, committed, and caring with many compliments for the reception staff members.

A local healthcare provider told us they communicated well with all the practice staff and could rely on their support.

Areas for improvement

Action the service SHOULD take to improve

- Analyse and review safety incidents, risk assessments and complaints to monitor themes and trends to avoid re-occurrences.
- Continue to monitor and improve patient satisfaction about the services provided.
- Continue to improve the performance of the practice in relation to patients suffering from poor mental health.

Dr Sukumaran and Partners

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 adviser.

Background to Dr Sukumaran and Partners

Dr Sukumaran and Partners, otherwise known as Third Avenue Health Centre, is located within a purpose built premises in a residential area in Canvey Island, Essex. The practice has parking available for staff and patients. The practice has a tenancy of the building, which is owned and managed by NHS Property Services. The practice holds a general medical services (GMS) contract. At the time of our inspection, there were 7450 patients on the practice list. There was a higher than average percentage of patients aged between 10 and 24, 50 and 74, and a lower than average percentage of patients aged between 25 and 39.

The practice has two male GP partners, and supported by long-term, and short-term locum GPs, and a locum nurse. There is a diploma trained associate practitioner and a healthcare assistant. The administrative team is a practice manager, an administrator, five receptionists and a secretary. The practice is open 8.30am to 6.30pm Monday to Friday. Patients requiring a GP outside these hours are directed to an external out of hour's service via 111.

When Dr Sukumaran and partners was inspected on 04 November 2015, they were rated inadequate overall and placed into special measures. Since this inspection, the practice has been supported by NHS Property Services and the CCG to improve the premises, with significant repairs

and some internal refurbishment. However when we inspected on 22 July 2016, the practice was rated inadequate overall and placed into an extended period of special measures.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Sukumaran and Partners on 06 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

During the inspection on 04 November 2015, we found safe and well-led services were inadequate, effective services required improvement, caring and responsive services were good. The practice was rated inadequate overall and placed into special measures for six months. We undertook a follow up inspection at Dr Sukumaran and Partners on 22 July 2016 to check whether sufficient improvements had been made to take the practice out of special measures. Safe and well-led services were inadequate, effective caring and responsive services required improvement. The practice was rated inadequate overall and was placed into an extended period of special measures for six months.

We undertook a further announced comprehensive inspection of Dr Sukumaran and Partners on 06 June 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an inspection on 06 June 2017. During our visit we:

- Spoke with a range of staff members, the practice manager, the GPs, nurse practitioners, nurses, healthcare assistants, administrative staff members, receptionists, and a senior member of staff from a local care and nursing home.
- Spoke with three patients and seven members of the patient participation group on the day of inspection.
- Observed how staff members spoke with patients, to their carer's and/or family members.
- Reviewed processes, policies, and procedures developed to keep patients safe and assure clinical and information governance.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

What we found at the inspection on 04 November 2015

The practice was rated inadequate for providing safe services. The system to report safety incidents or near misses was unclear for staff and lessons learned were not communicated to them to improve practice safety. Patients were at risk of harm because systems and processes were not well implemented to keep them safe. The practice recruitment policy was not being followed to check staff had appropriate qualifications, experiences, and receive a disclosure and disbaring check (DBS) or a risk assessment.

What we found at the inspection on 22 July 2016

The policy to recognise and report incidents was not clear for staff. There was no health and safety risk assessments available and no evidence that patient safety and medicine alerts had been received and acted on. A check on the day showed some patients had been treated with medicines contrary to advice issued in a patient safety alert. Most staff had received safeguarding training; however, the healthcare assistant and associate practitioner had not received the role specific level of safeguarding training.

What we found at this inspection on 06 June 2017

Safe track record and learning

- The practice had developed an effective system for reporting and recording significant events.
- Staff had received training to report incidents. They informed the practice manager of incidents, and when lessons were identified, these had been shared with all staff.
- The duty of candour responsibilities were seen in the communications when managing significant events and complaints. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were updated about the incident, received reasonable support, truthful information, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- However, the practice had not carried out an analysis of safety incidents and events to monitor themes or trends.

- We reviewed patient safety and medicine alerts (MHRA). The agenda and minutes of meetings showed alerts were discussed and shared with staff to understand patient or practice risk.
- We saw actions had been taken to improve safety in the practice. For example, we saw all MHRA alerts had been investigated and treatment or medicine changes made when relevant. We saw the evidence of searches the practice had undertaken, to identify patients affected by the alerts.

Overview of safety systems and processes

- The practice had policies for staff guidance to safeguard children and vulnerable adults. These reflected both national legislation and local contact referral details when they had concerns about a patient's welfare.
- The GP safeguarding lead held level three training for children and adults, staff members knew the GP was the contact person at the practice if there was a concern. The GP lead attended safeguarding meetings and provided reports for other agencies.
- Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults that was relevant to their role.
- A notice in the waiting rooms advised patients that chaperones were available if required. All staff that acted as a chaperone were trained and had received a 'Disclosure and Barring Service' (DBS) check relevant for this role. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were clean and tidy. There was a nurse lead for infection control. The infection control lead liaised with local infection prevention teams, and had received additional training to keep up-to-date with best practice.
- The infection control policy had been reviewed and met current national guidance. Staff had received infection control training during their induction. We saw records of staff hand washing competency checks.
- Cleaning audits had been carried out, regular reviews and analysis showed the monitoring of practice cleaning processes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

- The practice had a policy for handling repeat prescriptions, which included monitoring the healthcare checks and test results provided for patients taking high-risk medicines. On the day of the inspection, we checked a sample of patients who had been prescribed high-risk medicines and found that they had been reviewed effectively.
- Blank prescription forms and pads were stored securely. When staff removed blank prescriptions from the store, we saw they recorded the location of the printer where they would be used and to whom they were allocated.
- The associate practitioner and the health care assistant trained to administer vaccines and medicines used patient specific prescriptions or directions (PSDs). PSDs are written instructions, signed by a doctor, or non-medical prescriber, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- All medicines seen were stored at the correct temperature. The practice followed the 'cold chain procedure' for medicines that needed to be stored in a fridge. (Cold chain is a term used to describe the cold temperature conditions in which certain medicines need to be kept during storage and distribution).

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place to monitor and manage risks to patient and staff.
- There was a health and safety policy available and a poster in the office area that identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills and checks on the equipment to fight fire.

- All electrical equipment had been recently checked to ensure it was safe to use. Service contracts for clinical equipment were up to date.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to care and treat patients' at the practice.

Arrangements to deal with emergencies and major incidents

- The practice had adequate plans in place to respond to emergencies and major incidents.
- An instant messaging system on the computers in all the consultation and treatment rooms could be used to alert practice staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator and oxygen available with adult and children's masks.
- A first aid kit and accident book was also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff members knew there location.

The practice had a business continuity plan to cover major incidents such as power failure or building damage. The plan included emergency contact numbers for staff members, which was available in each staff members hand book.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at the inspection on 04 November 2015.

The practice was rated requires improvement for providing effective services. Data showed patient outcomes were low for the locality and nationally. There was no evidence that clinical audit cycles were driving improvement in performance or patient outcomes. Multidisciplinary working was informal and record keeping was limited.

What we found at the inspection on 22 July 2016

The practice was rated as requires improvement for providing effective services. Data showed some patient outcomes were low compared to national averages. Knowledge of and reference to national guidelines were inconsistent. We found evidence of patients being treated against the advice issued in patient safety alerts. Multidisciplinary working was not taking place, except two emergency meetings, which were not documented in full.

What we found at this inspection on 06 June 2017.

Management, monitoring and improving outcomes for people

Practice information collected for the Quality and Outcomes Framework (QOF), and for national screening programmes was used to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent results published for 2015/2016 showed 76.3% of the total points available was achieved by the practice, which was 15% below local and 19% below national practices. The practice exception reporting was lower than local and national practices. (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).

Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were comparable overall to local and national practices. However, the review of patients suffering with poor mental health needed improvement to improve patient mental health outcomes.

Data from 2015/16 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016), was 76%. This was comparable with 69% for local and 77% for national practices.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 6%. This was much lower in comparison with the local average of 79% and the national average of 89%. However, unpublished data taken from the patient records system for the whole year 2016 to 2017 reflected an improvement to 67% for this indicator. The practice was committed to making further improvements in this area.

We saw clinical audit was used to identify improvement.

- We saw the details of five clinical audits carried out in the last two years. Only one of these audits was a completed audit cycle, therefore it was not possible to assess whether improvements had been achieved or maintained. The completed audit we saw related to dermatology referrals and the findings led to significant improvements to the practice referral process.
- The practice participated in local audits, national benchmarking, accreditation, re-validation, and medicine management audits.

Effective staffing

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

- The practice induction programme gave training in safeguarding, infection prevention and control, fire safety, health and safety, and information confidentiality for new members of staff.
- The practice manager demonstrated how they monitored role-specific training and update needs for staff on a recently reviewed spreadsheet. This included mandatory and role specific training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that included an assessment of competence annually. Staff members that administered vaccines could demonstrate they were up to date with current immunisation programmes. The clinical lead GP used regular internal communications to ensure clinical staff kept up to date with clinical resources.

Are services effective?

(for example, treatment is effective)

- Staff learning needs were identified during their appraisals, meetings, and when reviewing practice development needs.
- The role carried out by the associate practitioner was supervised to ensure they kept to the limitations of their qualifications and experience, when providing consultations to patients.
- Staff members had access to appropriate training including external, and e-learning to cover the scope of their work. This included on-going support, clinical supervision, and facilitation and support for revalidating GPs and nurses. All the staff we spoke with had received an appraisal within the last 12 months.
- We saw evidence of training in personnel records that included safeguarding, fire safety awareness, basic life support, and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to staff in an accessible format through the practice computer patient records system, and the intranet system.

- This included care and risk assessments, care plans, medical records, investigations, and test results.
- The practice shared relevant information with other services in an appropriate and timely way, for example when referring patients to other services, and the 'Out of Hours' provider.
- Staff worked with health and social care professionals during multidisciplinary meetings to understand and meet the needs of patients' to plan treatment, and on-going care. This included when patients moved between services, or referred, and discharged from hospital.
- Meetings took place with health care professional's regular basis. Care plans were reviewed and updated for patients with multiply needs during these meetings.
- The practice also met with local pharmacy managers.

Consent to care and treatment

We saw evidence that staff sought patients' consent to care and treatment in line with the practice policy, which met current legislation and guidance.

- Staff understood the practice consent and decision-making procedure, including the Mental Capacity Act 2005.
Where a patient's capacity to consent was unclear, the clinician assessed their capacity, and recorded the outcome on the patient records.

Supporting patients to live healthier lives

The practice identified patients that may need of extra support.

- For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, and alcohol cessation.
- Patients were signposted to the relevant service needed. Information in leaflet format, posters and the notice boards was seen in the waiting room, and on the practice website.
- The uptake of the cervical screening programme was 77%, compared with 78% locally, and 72% nationally.
- The practice provided reminders to patients who did not attend their cervical screening test.
- Patients were encouraged to attend national screening programmes for bowel and breast cancer screening with posters in the waiting room and information on the website.
- There were arrangements to ensure results were received for all samples sent for the cervical screening programme. This included a follow-up for women referred when an abnormal result was received.
- Childhood immunisation rates for were significantly above local and national averages.
- Patients also had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 with appropriate follow-ups when issues or concerns were found.

Are services caring?

Our findings

What we found at the inspection on 04 November 2015.

The practice was rated good for providing caring services.

What we found at the inspection on 22 July 2016.

The practice was rated requires improvement for caring services. Data from the national GP patient survey showed patients rated the practice lower than others for aspects of care, and the practice did not have a plan in place to address patient satisfaction. The practice had identified a low number of patients who were carers.

What we found at this inspection on 06 June 2017

Kindness, dignity, respect and compassion

During the inspection, we found all staff members courteous and helpful to patients, this included treating people with dignity and respect.

- Patients' said their privacy and dignity during examinations, investigations and treatments were respected and maintained by staff members. The provision and use of curtains and screens that surrounded the examination couches supported privacy.
- Consultation and treatment room doors were closed to ensure conversations could not be overheard.
- Staff at the reception desk told us they recognised when patients appeared distressed or needed to speak about a sensitive issue. They said a private place away from the waiting room could always be found to enable patients to discuss their issues or problem in private.

We received 38 patient Care Quality Commission comment cards. All but one comment was extremely positive. The one negative comment did not identify unsafe care.

We spoke with seven members of the practice patient participation group (PPG). The PPG were positive about the changes they had witnessed since our previous inspections.

Results from the national GP patient survey published in July 2016, showed patients felt they were treated with

compassion, dignity and respect. The practice results were comparable with local and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them, compared with 93% locally, and 91% nationally.
- 91% of patients said the GP gave them enough time, compared with 92% locally, and 91% nationally.
- 92% of patients said they had confidence and trust in the last GP they saw, compared with 91% locally, and 92% nationally.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern, compared with 83% locally, and 85% nationally.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern, compared with 91% locally and 91% nationally.
- 77% of patients said they found the receptionists at the practice helpful, compared with 87% locally and 87% nationally.

Care planning and involvement in decisions about care and treatment

During the inspection, the 10 patients we spoke with told us they felt involved in decision making about their care and treatment. Patients said clinicians listened, supported them, and during consultations gave them time to make decisions about treatments available.

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments (compared with 86% locally and 87% nationally).
- 71% of patients said the last GP they saw was good at involving them in decisions about their care (compared with 81% locally and 82% nationally).
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care (compared with 85% locally and 85% nationally).

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

Are services caring?

- Staff members told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and the practice website provided information that could be translated into many other languages.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, told patients how to access support from voluntary groups and organisations if they were a carer.

- Coded treatment templates guided staff members to check if patients had caring responsibilities.

- The coded alerts notified staff members when patients were also a carer and ensured they were given extra consideration when arranging appointments to meet their caring and healthcare needs and responsibilities.
- The practice had identified 86 carers; this equated to 1.2% of the practice population.

The practice bereavement process offered families suffering bereavement contact from their usual GP. They sent sympathy cards to bereaved families and an invitation for a meeting. In the waiting room there was information, self-help guides, and benefit advice was available, and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at the inspection on 04 November 2015.

The practice was rated as good for providing responsive services. Patients found it easy to make appointment. The practice was well equipped to treat patients and meet their needs. Complaint information was available and easy to understand, and the practice responded quickly to issues. However, learning from complaints had not been shared with staff.

What we found at the inspection on 22 July 2016

The practice was rated as requires improvement for providing responsive services. National patient satisfaction access data published in July 2016 was below average. Patients told us access to appointments when needed was difficult and no online booking facility. Complaints did not always conform to the timeframe in the practice policy and learning from complaints were not shared with staff or reviewed to monitor trends.

What we found at this inspection on 06 June 2017.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and worked with both the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where identified. CCGs are local clinically led statutory NHS bodies responsible for the planning and performance management of health care services for their local area. The practice had arrangements to demonstrate their responsiveness to people's needs:

- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients or those with a clinical need affecting their ability to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required an urgent same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- Nursing staff members had received extra training to meet practice population needs and support both patients and GPs to the full.

- Access for those with reduced mobility was available with access to all rooms in a single storey building.
- The practice had 33 patients living with a learning disability. We saw they had all been offered an annual health check.

Access to the service

The practice was open between 8.30am and 6.30pm from Monday to Friday each week day. As a member of the local GP Alliance, the practice was also able to offer patients weekend appointments at an alternative location. Patients requiring a GP outside these hours were directed to an external out of hour's service via 111, which was provided by Integrated Care 24.

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

- 73% of patients were satisfied with the practice's opening hours (compared with 76% locally and 76% nationally).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had conducted their own satisfaction survey in August and November 2016. These surveys revealed problems with access to appointments. The practice employed more locum GPs as an interim measure, and continued to advertise for permanent GPs and a nurse practitioner.

Listening and learning from concerns and complaints

The practice had effective arrangements to handle complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England; this also met local requirements regarding contact details. The practice manager was the named designated staff member to lead and manage all complaints. There was information available in the practice and on their website support patients that wanted to complaint.
- Complaints and concerns were a standing agenda item at the practice meetings to ensure complaints received were discussed and any lessons learned were shared with staff.

Are services responsive to people's needs? (for example, to feedback?)

- There had been 14 complaints received from the practice in the last 12 months. We saw they had been well documented, managed and complainants had

received an apology when appropriate. However, the practice had not reviewed their complaints or produced an annual report to check for trends to avoid re-occurrences.

Are services well-led?

Good 

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

Our findings

What we found at the inspection on 04 November 2015.

The practice was rated inadequate for being well-led. Staff were unaware of their responsibilities in relation to the practice vision and a strategy. Staff felt supported by management but at times were unsure who to approach with issues. The practice had policies and procedures however many were incomplete. Governance issues were only discussed at ad hoc meetings. Not all staff updated when staff meetings took place.

What we found at the inspection on 22 July 2016

The practice was rated inadequate for being well-led. There was no business plan to support a structured approach for the future. Staff were unclear with the practice leadership structure or feel supported by management. There was still no significant event policy and many policies were not dated nor had review dates in place. Some risks to staff and patients had been identified but no health and safety risk assessments in relation to medicines and patient safety alerts. The practice had begun to hold clinical and practice meetings although were not always held within agreed timeframes.

What we found at this inspection on 06 June 2017.

Vision and strategy

The GPs told us they strive to provide a quality caring primary care service for their patients. They recognised that the practice had faced, and continued to have difficulties in recruiting the two GPs and replacement nurse practitioner they needed. However, as a short-term measure, they had added additional clinical sessions, by taking on extra locum GPs and nurse cover.

The practice aims and objectives were:

- To work with patients and the wider multi-disciplinary team to provide a positive patient experience and to encourage patients to comment on the care they receive.
- To help patients stay independent whilst respecting them at all times irrespective of ethnic origin, religious beliefs, personal attributes or the nature of their health problems.

Governance arrangements

The practice used its policies, procedures and processes to support the delivery of good quality care. These outlined the use of the practice systems to ensure:

- Practice specific policies were available, recently reviewed and staff members could access them. The paper-based policies were in the process of being added to the practice computer intranet.
- The practice monitored their performance to ensure maintenance and improvement of patient outcomes. This was shown in their improved local and national patient satisfaction and Quality Outcome Framework (QOF) achievement results.
- Risks were managed, and actions had been taken when needed to ensure patients and staff member's safety. These were documented, prioritised, and followed-up.

Leadership and culture

The GP partners could demonstrate many years of local experience. The partners told us they had provided a new leadership structure into the practice. This included giving one of the GPs clinical lead to oversee and implement improvement to clinical governance.

- Staff told us the GPs working at the practice were approachable and would always listen to them.

Leadership and culture were exhibited by:

- The GPs encouraged a culture of openness and honesty.
- We saw complaints and safety incidents complied with the requirements of the 'Duty of Candour' to be open and honest.
- Learning from complaints and incidents were shared with all staff to embed improvement at the practice.
- The leadership structure was clear and staff told us they felt supported by the management team and the GPs.
- Staff members said they were involved in the regular practice team meetings. We saw the majority of staff members had worked at the practice between 10 to 20 years.
- We were also told by staff felt confident to raise any topic and were supported when they did.
- Staff members said they felt respected, valued, and understood their roles and responsibilities within the team.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff members. They used feedback gathered to modify practice developments.

- The practice monitored feedback from patients through patient surveys, patient participation group (PPG) comments, and 'Friends and Family' comments cards.
- The practice carried out their own patient surveys in August and November 2016. These revealed problems with access and the appointment system. In response a short-term measure, had been to add additional clinical sessions, by taking on extra locum GPs and nurse cover.
- The practice gathered feedback from staff members during staff meetings, appraisals and during ad-hoc discussions.

Continuous improvement

There was a focus on learning and improvement within the practice. The GP partners re-structured the clinical leadership at the practice due to the ratings received at the two previous inspections. This improvement work involved GPs, nursing, and administrative staff members, and focused on concerns or issues found during previous inspections. Staff members told us this had united the practice team to work on common goals, and provide a quality service for their patients.

The work involved:

- Conducting a practice patient satisfaction survey in August and November 2016. This survey revealed problems with access to appointments. The practice employed more locum GPs as an interim measure, and continued to advertise for permanent GPs and a Nurse practitioner.
- Implementation of clinical leadership concerning practice governance.
- Regular multidisciplinary meetings with local healthcare professionals.

- Regular meetings with local pharmacy managers.

The clinical leader also introduced quality initiatives:

- 'Tip of the day'. (A regular memo providing information or advice about an area of practice work to improve patient experience or clinical outcomes).
- A system to manage and alert clinicians to medicine alerts from MHRA or NHS England.
- A system to manage internal patient safety alerts.
- A procedure to circulate new clinical guidance from NICE.
- Sharing knowledge from recent articles of interest in medical Journals.
- Monitoring all prescriptions, hospital discharges and ensuring appropriate action taken or in receipt of a follow up.
- Monitoring referral outcomes.

To support clinical staff, the lead had created a clinical leaning resource on the practice intranet covering:

- NICE Guidance.
- British thoracic society and asthma guidance.
- UKMEC 2016 contraception guidance summary.
- Cancer referral forms.
- Recent clinical journal articles.
- Dermatology resources.
- An echocardiography library.
- Clinical knowledge summary.
- Patient advice leaflets.
- Mental Health Act requirements.
- Collection of all medicine alerts.
- Collection of Internal patient safety alerts.
- Clinical Commissioning Group Memos.
- Information on Safeguarding issues.
- Information Governance.