

# Dr Surinder Kumar Arora

## Quality Report

**1-3 Herne Hill Road**

**London**

**SE24 0AU**

**Tel: 020 7737 9393**

**Website: [www.hernehillroadgp.co.uk](http://www.hernehillroadgp.co.uk)**

**Date of inspection visit: 9 February 2016**

**Date of publication: 31/05/2016**

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

## Ratings

### Overall rating for this service

**Good**



Are services safe?

**Requires improvement**



Are services effective?

**Good**



Are services caring?

**Good**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Good**



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Surinder Kumar Arora	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

## Overall summary

We carried out an announced comprehensive inspection at Dr Surinder Kumar Arora (Herne Hill Medical Practice) on 9 February 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. However it was not always clear what action had been taken in response to significant events or the dates when these events had occurred.
- Risks to patients were not always well managed. We found that some staff had not completed certain mandatory training and that the practice did not always perform checks for new staff as outlined in their recruitment policy.
- 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.
- 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice ran educational sessions at the local library with input from the Patient Participation Group (PPG); including sessions for carers, cancer and dementia awareness and a well in winter evening. Though the PPG was already representative of the diversity of the patient population, the practice had run a further awareness session to promote patient inclusion. The practice manager and

# Summary of findings

one of the receptionists had won a kindness award after being nominated by the PPG. The practice was subsequently approached by their Clinical Commissioning Group (CCG) to participate in a film about PPG's. The PPG had raised money to purchase a specialised chair for the practice waiting area to accommodate elderly patients. One member of the PPG was actively involved in a community farming project. The practice referred patients to the farm whom they felt would benefit from participating in the project.

The areas where the provider must make improvement are:

- Improve its significant events procedures to ensure that action is taken to address all concerns identified.

- Ensure that mandatory training is completed in accordance with current guidelines.
- Ensure that pre-employment checks are completed for all staff and that systems are in place to monitor their professional registrations.

The areas where the provider should make improvements are:

- Consider reviewing its mechanisms for recording meetings.
- Consider documenting a strategic business plan.
- The practice should take further proactive steps to identify patients with caring responsibilities.

**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. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and did not always address the issues highlighted in the significant event form.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we found one of the newest recruits to the practice had not received safeguarding training. The practice has confirmed that all staff have since completed safeguarding training to the appropriate level.
- The majority of risks to patients were assessed and well managed however we found that the practice had only obtained one reference for some members of staff, instead of two in accordance with their recruitment policy. Some staff had also not completed basic life support training within the last 12 months and other members of staff had not completed this at all. The practice has provided evidence since the inspection that steps had been taken to address these issues.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- 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.
- 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.

# Summary of findings

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

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was participating in the holistic health assessment scheme which aimed to improve outcomes for vulnerable older people.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality 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. 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and the practice was actively engaged in working with the group.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice told us that they would discuss patients at the end of their lives with the palliative care team when required.
- The practice conducted Holistic Health Assessments (HHA) for patients over 80 or those who were housebound.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average.
- The performance for asthma indicators was in line with the national average.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions 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 through the use of virtual clinics which were jointly run with consultants from a local hospital.
- Clinics were held for patients with asthma, hypertension, diabetes and atrial fibrillation and are used to ensure medicines for these patients are optimised in accordance with current best practice.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice also held regular meetings with the community health visitor. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice employed a health visitor and a midwife which improved continuity of care and enabled the practice to better meet the needs of children, pregnant women and young mothers.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had produced a leaflet to promote services in the local area for young people. The leaflet also made reference to the practice's policy to see patients without an adult present if they were under 16 years of age.
- The practice was participating in a study which provided support in the use and choice of antidepressants in pregnancy.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice employed a nurse who undertook breast examinations and screening.
- The practice ran an out of hours cervical screening service and the practice performance for cervical screening was in line with national averages.

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 those with a learning disability.

Good



# Summary of findings

- The practice advised that they would register patients who had no fixed address at the practice.
- 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; including those on the child protection register and those with a mental health condition.
- 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.
- Practice staff had under taken a Female Genital Mutilation (FGM) awareness training session in house.
- The practice had links with a local domestic violence organisation which had provided training to staff. The practice allowed the organisation to work from their premises when requested.
- The practice had signed up to a study which aimed to screen for hepatitis B and C in all groups deemed at risk.

## 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).

- 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average
- Performance for other mental health related indicators was similar to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice had an in house counsellor and received support from the local mental health initiative.
- The practice accessed a local mental health hub which enabled holistic management of patients with mental health conditions in conjunction with primary care. The practice told us that this allowed patients to be escalated quickly when they required additional support from other agencies and also made it easier to transfer patients into the remit of primary care providers.

Good



## Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations; including a community farming project which was supported by one of the practice's PPG members.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and eighteen survey forms were distributed and 93 were returned. This represented 1.6% of the practice's patient population.

- 89 % found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 86% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Some of the comments referred to the high standard of care and treatment the practice had provided them over the years and some mentioned how polite and friendly all of the staff were. One of the cards stated that the level of care provided by the surgery is so good that that the possibility of losing the services of the practice may have prevented them from moving out of the area.

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

Ninety seven percent of the 58 patients who completed the Friends and Family Test said that they would recommend the practice.

# Dr Surinder Kumar Arora

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to Dr Surinder Kumar Arora

Dr Surinder Kumar Arora (also known as Herne Hill Road Medical Practice) is part of Lambeth CCG and serves approximately 6,000 patients. The practice is registered with the CQC for the following regulated activities Diagnostic and Screening Procedures, Family Planning, Maternity and Midwifery Services, Surgical Procedures and Treatment of Disease, Disorder or Injury.

The majority of the practice population is white but non British. The practice also has a significant number of Black and Afro Caribbean patients. The practice is situated in an area ranked within the second most deprived decile on the IMD deprivation index. The practice has a significantly higher proportion of working age people and lower proportion of older people comparative to the national average. The proportion of patients under 20 were in line with national averages.

The practice is run by two male partners and three female salaried GPs. There is a practice nurse, a nurse practitioner and another nurse who is also a midwife providing midwifery services. The practice is a teaching practice and hosts first, second and fourth year students from the local hospital. The practice offers 26 sessions per week.

The Practice is registered with CQC as a single handed practice however the practice has been operating as a partnership since 2015. The practice operates from purpose built premises which are owned by the partnership. The provider has submitted an application to cancel their existing CQC registration and has applied to register a new partnership.

The practice is open between 8.00 am and 6.30 pm Monday to Friday. Appointments are from 8.30 am to 11.20 Monday to Friday and resume 3.30pm to 18.00 in the evening except on Thursday when surgery resumes at 4pm. Extended surgery hours are offered between 7.30 and 8.30 am and 6.30pm to 7.30pm on Wednesdays. In addition to pre-bookable appointments that can be booked up to one month in advance, urgent appointments are also available for people who need them which can be booked the same day. Patients could also book appointments 24 hours or 48 hours in advance. If patients require treatment at the weekend the practice can refer them to the local GP access hub which provides care from 8am – 8pm seven days a week through the local Federation.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are:

Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Influenza and Pneumococcal Immunisation, Learning Disabilities, Minor Surgery, Patient Participation, Remote Care Monitoring and Rotavirus and Shingles Immunisation.

# Detailed findings

The practice had recently joined a Federation with other GP surgeries in the locality.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 9 February 2016. During our visit we:

- Spoke with a range of staff - GPs, practice nursing staff, administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. In the majority of cases lessons were shared to make sure action was taken to improve safety in the practice. For example, a clinical photograph was lost as there was delay in uploading to the patient's records due to a planned software update. This picture had been deleted from the device that had captured it. The practice changed the protocol to ensure all patient photographs were uploaded within a 24 hour period and staff had to check to ensure images were uploaded before they deleted them.

However there were other significant events where some specific detail was missing. For example we reviewed one significant event where a screening sample had been left in the fridge for too long and when identified it was found that a vaccine which expired in 2007 had also been left in the fridge. Analysis of the incident and appropriate action was taken in respect of the screening sample. The practice manager explained the vaccine had been mistakenly placed in the samples fridge and staff were informed not to leave vaccines there; however this was not stipulated in the significant event form. Several of the significant events we reviewed were undated.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal or 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. 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. Staff demonstrated they understood their responsibilities and the majority of staff had received training relevant to their role. At the time of the inspection one recently recruited staff had yet to complete their safeguarding training. However the practice confirmed this had been completed within two weeks of our visit. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence of action plans that had been put in place as a result of these audits. The practice also used an electronic medicines optimisation programme to ensure that prescribing was in accordance with best practice. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (written instructions for the supply or administration of

## Are services safe?

medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed three personnel files and found that some recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we did not find any evidence of an effective system in place for monitoring the status of GP's professional registrations; though all registrations were checked prior to inspection and found to be valid. In addition the practice had only obtained one reference for two members of newly appointed staff, not two as outlined in their recruitment policy. The practice has sought and obtained both of the absent references.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. These had been reviewed and reiterated to staff in response to a significant event.

### Monitoring risks to patients

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 had up to date fire risk assessments and carried out regular fire drills. There was information about what to do in the event of a fire. Clinical equipment was checked to ensure it was working properly. However the practice had not had any portable appliance testing since June 2014. The practice provided evidence that this had been booked for 2 March 2016 after our inspection. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice had also participated in a demand and capacity audit with other practices in the locality.

### Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. However in certain respects their arrangements were not sufficiently robust to ensure that staff were able to adequately respond in an emergency situation.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There were emergency medicines available in the treatment room. Some staff had received basic life support training however some of this was out of date and other staff members had not received training. The practice provided evidence after our inspection that training had been booked for 15 March 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice had purchased a second oxygen cylinder to ensure that there was always a full cylinder on the premises. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.8% of the total number of points available, with 5.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 6 months was 90% compared to 94% nationally. The percentage patients with a record of a foot examination and risk classification within the preceding 12 months was 80% compared to 88% nationally.
- 82% of patients with hypertension had regular blood pressure readings in the preceding 12 months of 150/90mmHg or less in line with the national average of 84%.
- Performance for mental health related indicators was similar to the national average. The percentage of

patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 81 % compared to the national average of 88%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 82% compared to a national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits and one non clinical audit completed in the last two years; two of the clinical audits had completed two full audit cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, one of the practice's audits focused on the interaction between Amlodipine and Simvastatin (medicines for high blood pressure and high cholesterol respectively) as an MHRA alert had highlighted the risk of myopathy and/ or rhabdomyolysis in patients prescribed amlodipine who were also taking more than 20mg of simvastatin. The aim was to move patients who were on this medicines combination to safer alternatives. 24 patients were identified as having been prescribed this combination. The GP then cancelled the patients Simvastatin, prescribed an alternative medicine for high cholesterol and contacted all patients by letter to advise them of the change. The audit was also discussed in the practice's clinical meeting. This was re audited six months later where one patient was identified as having being prescribed the Amlodipine/ Simvastatin combination. The patient's medicine was changed. The practice intend to regularly re-audit this.

The practice conducted another audit which focused on the uptake of influenza and pneumococcal vaccinations for patients with a particular condition who were taking immunosuppressant medicines. The results were discussed at a clinical meeting and patients who had not received the appropriate vaccinations were offered them. A re-audit was then undertaken and a number of

# Are services effective?

## (for example, treatment is effective)

patients were again identified as suitable to receive the vaccinations. The practice were considering getting a dedicated member of their administrative team to recall these patients to improve uptake.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. At the time of our inspection this training was pending completion for the most recently appointed staff whose personnel files we reviewed. CQC have since received confirmation that this has been completed or booked.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, sexual and reproductive health and examinations of new born children. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at nurse forum meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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 their 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 the practice had meetings with the health visitor on a monthly basis to review those patients who were on the child protection register.

We were informed that the practice did not currently have any patients receiving end of life care and there was no evidence of multidisciplinary meetings taking place for palliative care patients in the last twelve months. The practice provided us with a number of palliative care meeting minutes from 2014 and informed us that they previously held these meetings on a quarterly basis. The practice informed us that the palliative care team had instructed them to contact them by telephone on an adhoc basis to discuss patients as the surgery did not have a sufficient number of patients who were at the end of their lives on their register, at present, to justify regular formal meetings. The practice told us that clinicians informally discussed matters with the Palliative care team as and when required.

The practice had recently joined a new GP Federation which had facilitated sharing of information with other services in the locality. For example the practice manager led a peer support group with other practice managers in the locality. The nurse practitioner led a clinical supervision group and acted as the lead nurse consultant for the federation. We were told that this guaranteed those working within the federation were aware of local resources and initiatives; ensuring that patients received consistent high quality care.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

# Are services effective?

## (for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included, 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.
- One of the practice nurses ran a weight management programme. As part of the initiative the nurse had introduced a walking group in the surgery. This was latterly absorbed into the PPG though the nurse still referred patients to the group where appropriate. The practice had promoted weight management success stories in the practice newsletter. The practice also ran a smoking cessation clinic.

The practice's uptake for the cervical screening programme was 85% which was comparable to the national average of 82%. 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 cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% and five year olds from 92% to 99%.

Flu vaccination rates for the over 65s were 67%, and at risk groups 54%. These were also comparable to 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 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 84%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%)
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

### Care planning and involvement in decisions about care and treatment

- 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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%)

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

### • Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.33% of the practice list as carers. The practice's new patient registration form asked whether or not new patients had caring responsibilities. There were also posters in the waiting area which related to carers. Both clinical and

## Are services caring?

non-clinical staff would try to identify carers opportunistically during conversations and consultations. Written information was available to direct carers to the various avenues of support available to them. The practice organised events for carers either at the practice or at the local library.

We saw a copy of a letter that the practice would send to families if they had suffered bereavement. The letter provided advice on support services that were available in the local area. GPs told us that they would try and see bereaved families personally.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For instance the practice participated in the Holistic Health Assessment scheme where practice nurses undertook comprehensive health assessments for patients over 80, over 65 who had not attended the surgery in 15 months or those over 65 who were housebound. The assessments aim to ensure that these patients are receiving appropriate health and social care through engagement with relevant organisations; including engagement with the voluntary sector.

- The practice offered extended hours appointments on Wednesdays morning from 7.30am and evening appointments until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or who were experiencing mental health problems.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children under 5 years old and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift which enabled those with mobility problems to be seen on the first floor of the practice building. Staff told us that disabled patients would still be accommodated on the ground floor where possible.
- The practice had an in-house health visitor and midwife to improve continuity of care for mothers and babies and identify child protection concerns at an early stage.
- There was a phlebotomy service available and the practice hosted a chiropodist, alternative therapist and counsellors.
- **Access to the service**

The practice was open between 8.00 am and 6.30 pm Monday to Friday 8.30 am to 11.20am Monday to Friday and resumed 3.30pm to 18.00pm except on Thursday when surgery resumes at 4pm. Extended surgery hours are offered between 7.30 and 8.30 am and 6.30pm to 7.30pm on Wednesdays. In addition to pre-bookable appointments that could be booked up to one month in advance, urgent appointments were also available for people that needed them. If patients required treatment at the weekend the practice could refer them to the local GP access hub which provided care from 8am – 8pm through the local federation.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 89% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 75% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 60%).
- People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the initial point of contact for all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on a poster within the reception area.
- The practice held an annual complaints meeting where all complaints were discussed and actions reviewed.
- We looked at six complaints received in the last 12 months and found that these were acknowledged in a

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

timely way and responded to within ten working days. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example a patient had attended the surgery for travel vaccinations and was told that the nurse administering them was ill. Due to the urgency the

patient had to get the vaccinations done privately. The practice took steps to ensure that in future patients were contacted immediately if appointments needed to be cancelled. The patient was given an apology and reimbursed for the vaccinations they had paid for.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- Practice staff knew and understood the practice's mission and values.
- Though there was no documented business plan the practice had a strategic vision which focused on staffing and succession planning.
- 

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. 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 monthly meetings involving all practice staff and weekly clinical meetings. However some of these meetings were not always documented.
- 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. We noted team away days were held every year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice offered same day appointments for children in the afternoon on the basis of PPG feedback. The PPG had also suggested that the waiting area would benefit from a chair with arms and a higher back to accommodate the elderly. The PPG held a raffle and used the proceeds to purchase the chair for the waiting area.
- The PPG together with the practice manager co-ordinated a number of events held at either the practice or local library including events on Carers' awareness, Dementia Awareness and Cancer Awareness. These were promoted in the practice's monthly newsletter. The practice aimed to increase representation of the PPG by promoting the group at the start these events.

# Are services well-led?

Good 

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

- The PPG ran a walking group which was initiated by one of the nurses in the practice as part of the practice's weight management programme.
- The practice manager and receptionist were nominated for and won an award for kindness and the practice have been approached by The CCG to appear in a movie about patient participation.
- The PPG was reflective of the diversity of the local population and was representative in terms of gender, ethnicity and age.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example we were told by a member of staff who was responsible for urgent secondary care referrals that they had asked

for a clear protocol to be put in place so that other members of staff would be able to deal with this task in their absence. A protocol was implemented by the practice as requested. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of research projects to improve outcomes for patients in the area. For example the practice had signed up to four studies including one to assess the impact of cognitive behaviour on irritable bowel syndrome and another assessing the effectiveness of giving a certain type of medicine to those at risk of developing rheumatoid arthritis.

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 The Health and Social Care Act 2008 (Regulated activities) Regulations 2014
Maternity and midwifery services	Safe Care and Treatment
Surgical procedures	How the regulation was not being met:
Treatment of disease, disorder or injury	The provider did not have adequate systems in place to assess, monitor and mitigate the risks to people using the service in that:  There was lack of evidence to show that the practice addressed concerns that were identified under their significant event procedure or that any learning had taken place to ensure that similar incidents did not occur in the future.  Staff had not undertaken mandatory training in accordance with current guidance.  There were not systems in place to ensure that the professional registrations of clinical staff were periodically monitored.  This was in breach of Regulation 12 (2) (a) (b) (c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.