

# Dr. M. S. Dave & Dr. G. Mangaleswaradevi

## Quality Report

Stuart Crescent Health Centre  
8 Stuart Crescent  
Wood Green  
London  
N22 5NJ

Tel: 020 3697 1760

Website: [www.stuartcrescenthealthcentre.nhs.uk](http://www.stuartcrescenthealthcentre.nhs.uk)

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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

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

# 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 M Dave & Dr G Mangaleswaradevi (known as Stuart Crescent Medical Practice) on 4 January 2017. Overall the practice is rated as Requires Improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had a number of policies and procedures to govern activities, which were reviewed regularly.
- Risks to patients were not always assessed and managed. For example on, the day of inspection we found out of date medicines and medical devices, which were destroyed promptly.

- Data showed patient outcomes were comparable to the local and national averages. We saw evidence of audits which were providing direction for improvements to patient outcomes.
- Patient comment cards received revealed patients were treated with compassion, dignity and respect.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was no evidence that non-clinical staff had received an appraisal during the past 12 months.
- The provider was aware of and complied with the requirements of the duty of candour.
- Not all members of staff had received information governance training during the past 12 months.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice did not have an active Patient Participation Group (PPG). The practice was currently running a campaign to recruit members.

The areas where the provider must make improvements are:-

# Summary of findings

- To ensure the safe and proper management of medicines and medical devices, specifically relating to the storage and monitoring of expiry dates of vaccines, medicines and medical devices held at the practice.
  - Ensure effective and sustainable governance systems and processes are implemented to assess the quality of services provided, in particular in relation to establishing and maintaining a Patient Participation Group and to address low scores practice received as part of the National GP Patient Survey.
- In addition the provider should:
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
  - Ensure all members of staff undertake information governance training periodically.
  - Assign a member of clinical staff to oversee and implement the functions associated with nursing staff.
  - Have a documented strategy and supporting business plans which reflect the vision of the practice and ensure all members of staff are familiar with the practice mission statement.

**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.

- Although the practice did not have a written high- risk medicines policy, of the records we viewed, we found that the practice conducted appropriate monitoring of patients on these types of medicines.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Whilst risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, on the day of inspection, we found expired medicines stored in the practice vaccine fridge and within the practice emergency medicines box.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local and national averages. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 84% compared to the CCG average of 79% and the national average of 83%.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- However, there was no evidence of appraisals and personal development plans for non- clinical staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Not all members of staff had received information governance training during the past 12 months.
- End of life care was coordinated with other services involved.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice comparable to others for several aspects of care. For example, 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 90%.
- Survey information we reviewed showed that 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 accessible. The practice website had the facility to be translated into a number of different languages.
- 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice provided telephone consultations for patients unable to attend the practice during normal working hours.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from two examples reviewed showed the practice responded quickly to issues raised. However, we saw no evidence that learning from complaints was shared with all staff.

Good



## Are services well-led?

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

- The practice had a vision and a strategy, however this was not documented and not all staff were aware of it and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management.

Requires improvement



# Summary of findings

- The practice had a number of policies and procedures to govern activities and these were reviewed regularly.
- We saw no evidence that learning gained as a result of significant events and complaints had been cascaded to all members of staff through discussions at staff meetings.
- All staff had received inductions but not all staff had received regular performance reviews.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The practice did not have an active Patient Participation Group (PPG).

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Patients aged over 75 had a named GP.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



### People with long term conditions

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- On the day of inspection, there was no clinical member of staff assigned to lead roles in long-term disease management. Prior to our visit, nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 74% compared to the CCG average of 73% and the national average of 77%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Requires improvement



# Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Immunisation rates were comparable to local and national averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Requires improvement



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

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example through extended opening hours. As the practice was part of a local GP federation, patients at the practice were able to obtain Saturday GP appointments at nearby location.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations.
- Patients could book appointments and request repeat prescriptions online.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



# Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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

## People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 86% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing below local and national averages. Three hundred and six survey forms were distributed and 116 were returned. This represented 3% of the practice's patient list.

- 64% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards, all but one was positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The one comment card which was not entirely positive about the service experience spoke about appointments not running to schedule.

We spoke with one patient during the inspection. This patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test undertaken by the practice during the months July 2016 – December 2016 revealed that 35 out of 47 patients would recommend the practice.

# Dr. M. S. Dave & Dr. G. Mangaleswaradevi

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Dr. M. S. Dave & Dr. G. Mangaleswaradevi

Dr M.S.Dave & Dr G Mangaleswaradevi (known as Stuart Crescent Medical Practice) is located in a commercial area of the London Borough of Haringey. The practice is located on the ground floor of a purpose-built health centre, which is shared with another GP practice. There is no free parking on the streets nearest to the practice as the area operates permit-only parking. The practice has a car park with a bay for parking for disabled patients at the back of the practice. The nearest bus stops are approximately five minutes' walk from the practice.

There are approximately 3100 patients registered at the practice. Statistics show high levels of income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is higher than the national average for those aged between 25-39. Patients registered at the practice

come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. 46% of patients have a long-standing health condition compared to the CCG average of 49%.

Care and treatment is delivered by two partner GPs (one female and one male) who deliver twelve clinical sessions weekly. Currently there is no practice nurse at the practice; however there is a healthcare assistant (female) who delivers one extended session weekly. Five administrative and reception staff work at the practice and are led by a practice manager.

The practice reception opening times are:-

- 8:30am - 7pm (Monday, Wednesday, Friday)
- 8:30am - 6:30pm (Tuesday)
- 8:30am - 1:30pm (Thursday)

And clinical sessions are as follows:-

- 9:30am - 12:30pm (Monday - Friday)
- 4pm - 6:30pm (Monday, Wednesday, Friday)
- 4pm - 6:20pm (Tuesday)

The practice offers extended hours surgery on Monday, Tuesday, Wednesday and Friday) Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

# Detailed findings

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England. The practice is registered to provide the following regulated activities:-

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

Haringey Clinical Commissioning Group (CCG) is the practice's commissioning body.

Dr M.S.Dave & Dr G Mangaleswaradevi has not previously been inspected by the CQC.

## Why we carried out this inspection

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 Stuart Crescent Medical Practice, we reviewed a range of information we hold about the practice. We carried out an announced visit on 4 January 2017. During our visit we:

- Spoke with a range of staff (two doctors, one practice manager and one receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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?

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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (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).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event form regarding a un-actioned referral sent by the practice to a local hospital. The practice was contacted by a representative of the patient to enquire why the patient had not heard from the hospital. On receipt of this enquiry, the practice contacted the duty supervisor on the relevant department at the hospital, who confirmed that referral had been mislaid. As a result, the practice arranged an appointment with another local hospital which allowed the patient to be seen shortly after. The practice contacted the local CCG and hospital in question to raise an alert regarding the event, and received confirmation that hospital policy within the relevant department had been reviewed as a result.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 who was the senior GP partner.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The Healthcare Assistant was also trained to safeguarding level three and all other staff had been trained to safeguarding level two.
- 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 (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. There were cleaning schedules and monitoring systems in place.
- On the day of inspection, there was no clinical lead for the infection prevention and control (IPC) who liaised with the local infection prevention teams to keep up to date with best practice. This was a role undertaken by the practice nurses prior to their departure late December 2016. In addition, there was no evidence to verify that staff had received up to date IPC training. No evidence of a recent IPC audit could be accessed on the day of inspection. Subsequent to the inspection, the inspection team were provided with an infection control audit of the health centre, conducted in August 2016 by the local CCG. Actions identified as a result of this audit were being carried out by the practice. For example, the practice was working towards replacing fabric covered chairs used in the practice. There were no fabric covered chairs in use in the consultation rooms of the practice on the day of inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not minimise risks to patient safety (including obtaining,

## Are services safe?

prescribing, recording, handling, storing, security and disposal). On the day of inspection we found some equipment and medicines in the practice that were out of date. For example, one of the medicines contained within the practice emergency medicine box had expired in August 2016. In the practice vaccine fridge, we found expired vaccines stored at the bottom of the fridge with no signs indicating that they had expired. In addition, some of vaccines stored in the fridge had been placed too near to the back of the fridge which caused the packaging to become wet. There was no evidence that the practice rotated medicines in the vaccine fridge appropriately. We also found out of date testing strips and empty syringes. We spoke with one of the partners on finding the out of date medicines and equipment, who admitted that the stock had not been checked following the departure of the practice nurses at the end of December 2016. The practice promptly removed the out of date medicines from the vaccine fridge and the emergency medicines box as well as the expired medical equipment for destruction. The inspection team received subsequent evidence that the expired medicine from the emergency medicine box had been replaced with an in date version the day after the inspection.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Although the practice did not have a written high- risk medicines policy, from the records we viewed, we found that the practice conducted appropriate monitoring of patients on these types of medicines. Repeat prescriptions were viewed and signed by one of the partners before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The healthcare practitioner was trained to administer vaccines and medicines and patient specific directions (PSD) from a prescriber were produced appropriately (a PSD is a written instruction usually given by a GP allowing a medicine to be administered to a patient, once that patient has been assessed by the GP).

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice and health centre.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice (through the management of the health centre) had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice, all staff knew of their location and they were stored securely.

## Are services safe?

- The practice had a business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 patients' 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 (2015/2016) were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. The practice exception reporting rate for the same period was 8% compared with CCG average and national averages of 10%. (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 2015/2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the practice register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 74% compared to the CCG average of 73% and the national average of 77%.
- Performance for mental health related indicators was higher than the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who

have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to the CCG average of 83% and the national average of 88%.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, two of these were completed two cycle audits where the improvements made were implemented and monitored. We viewed an audit undertaken which looked at specific diabetic patients compliance with prescribed medication. The first cycle of the audit identified six patients with poor compliance with medication prescribed. All patients were invited into the practice for a review with one of the GP's. Following the reviews, four patients were given further advice on management of their condition through compliance with medication and diet and exercise and two patients had their medication dosage increased in an attempt to gain control of their blood glucose levels (Hba1c) and reduce their blood pressure readings. The second cycle of the audit focused on the same six patients to chart their progress with compliance of medicines. Of the identified patients, three were no longer registered with the practice, two were compliant with the medicines prescribed and one was invited in again for re-education regarding medicines compliance and diet and exercise.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- On the day of inspection, the inspection team could not verify that staff who previously administered vaccines and took samples for the cervical screening programme had received relevant training including an assessment of competence. We were told this was due to the departure of both of the practice nurses at the latter end of the month prior to the inspection, who had taken their qualifications with them. Similarly we could not verify that these members of staff who regularly

# Are services effective?

## (for example, treatment is effective)

administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Non-clinical members of staff had not received an appraisal within the last 12 months, but we were told by the practice manager that these were due to be completed within the next few weeks. We saw evidence that non-clinical staff appraisals had been conducted at the end of 2015.
- Staff received training that included safeguarding and basic life support. Staff had access to and made use of e-learning training modules and in-house training. Of the staff files that we checked, we did not see documents relating to training undertaken during the past 12 months for fire safety awareness and information governance, however one member of staff we spoke with told us that they had received fire awareness training during the last 12 months.

### 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.
- We found that 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 professionals 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. Information was shared between services, with patients'

consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 78% and the national average of 81%. The practice exception rate in this clinical area was 7% compared to the CCG and national averages of 6%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given (2015/2016) were comparable to CCG averages. For example, the practice rate for the vaccines given to under two year olds ranged from 71% to 95% and five year olds from 74% to 96%. The CCG average for under two year olds ranged between 85% to 94% and the five year olds from 83% to 94%.

## Are services effective? (for example, treatment is effective)

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The use of a female sample taker was used to encourage the uptake of the screening programme. There were failsafe systems 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. The practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer. The practice uptake rate for screening of bowel cancer for persons aged 60-69 was 51%, compared to the CCG rate of 44% and the national average of 55%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Five of the six 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. The one comment card which was not entirely positive about the service experience spoke about appointments not running to schedule.

We spoke with one patient on the day of inspection. The patient told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 did not always feel that they treated with compassion, dignity and respect. The practice was below some CCG and national averages on its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 88%.
- 68% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 86%.
- 77% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 87% and the national average of 92%.

- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 85% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 92%.
- 86% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 93% and the national average of 97%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 90%.
- 89% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

On the day of the inspection we spoke with the partners and the practice manager regarding the low scores from the survey, particularly relating to GP consultations. They were aware of the survey results. One of the partners informed us that patient expectations were high, and the practice attempted to manage those expectations, but that the management and outcomes did not always align with the patient views and expectations. They said that they practice always sought to take patient views into account at all times.

### 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey showed patients satisfaction was mixed when responding to questions about their involvement in planning and making decisions about their care and treatment. Some results were in line with local and national averages. For example:

## Are services caring?

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 80% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 89%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them. Members of staff spoke Turkish, Italian, Polish, Hindi and Tamil.

- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers, which equates to less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:-

- The practice offered extended hours on a Monday, Wednesday and Friday evenings until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Repeat prescription requests and appointment booking were available online for patients who had registered with the practice to use these services.
- The practice website had the facility to be translated into approximately 100 languages
- Telephone consultations were available to patients who were unable to attend the practice during normal opening hours.
- The practice is member of a local federation, which allows patients at the practice access to see a GP or nurse practice outside of normal and extended hours and on a Saturday.

### Access to the service

The practice was open from the following times:-

- 8:30am - 7pm (Monday, Wednesday, Friday)
- 8:30am - 6:30pm (Tuesday)
- 8:30am - 1:30pm (Thursday)

And appointments were available at the following times:-

- 9:30am - 12:30pm (Monday - Friday)
- 4pm - 6:30pm (Monday, Wednesday, Friday)
- 4pm - 6:20pm (Tuesday)

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Extended hours appointments were offered on a Monday, Wednesday and Friday evenings when the practice opened until 7pm

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

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 62% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 71% and the national average of 75%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 22% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 57%.

The patient we spoke to told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

If a patient called the surgery (when the phone lines were open) requesting an urgent appointment or home visit, the receptionists would allocate the next available emergency

# Are services responsive to people's needs?

(for example, to feedback?)

appointment or advise the duty doctor that a home visit was requested, in order for the duty doctor to make contact with the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice website and patient information leaflet gave details of what to do if a patient wished to make a complaint.
- We looked at two out of four complaints received in the last 12 months and found that these complaints were

dealt with in a satisfactory, timely way and there was transparency in communications with the complainant. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care.

For example, we looked at a complaint where the complainant was not happy that they had been allocated treatment at a hospital which was not convenient for them to travel to. The practice responded to the complainant by way of issuing an apology for the inconvenience caused. The practice contacted the external service who allocated the appointment and location, to explain that the location was not accessible. A change to a suitable location was agreed and the practice contacted the patient to inform that new appointment with a suitable location had been made. The patient was content that the complaint had been resolved and no further action required. The practice concluded from this event that all further referrals made should specify the practice location. This was so future appointments and locations for treatment allocated to patients would take into account journey times for patients.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice did have a formal mission statement and although some members of staff we spoke with could not fully articulate the statement, they told us that patient needs was at the heart of the work they did.
- The practice did not have a documented strategy and supporting business plans which reflected the vision of the practice, however, on the day of inspection, the partner GPs were able to articulate what plans they wanted to implement within the practice to support the provision of good quality care.

### Governance arrangements

The practice had a framework which it worked within to support the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, there were no arrangements in place to cover the all the responsibilities of the nursing staff.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. The maintenance of practice performance was one of the topics discussed at a weekly meeting attended by the clinical staff and the practice manager.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with exception of the management of risk relating to the lack of provision of nursing services.
- Whilst we saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints among the partners and the practice manager, we saw no documented evidence that this learning had been cascaded to the rest of the practice team by way of discussion at staff meetings.

### Leadership and culture

On the day of inspection the partners told us that they prioritised safe and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs (where required) met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings as well as ad-hoc daily discussions amongst each other.
- 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 and supported in doing so. The minutes we viewed from an all staff meeting was contained an agenda and a brief description of what was discussed. A copy of the minutes for the meeting was distributed to practice staff by the practice manager to view and was saved to the practice shared drive on their computer network.
- 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.

# Are services well-led?

Requires improvement 

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

On the day of inspection, the partners at the practice gave us further background regarding the departure of practice nurses and we saw evidence that the practice had an action plan and timetable for the recruitment of a practice nurse. In addition, the practice had recently employed a healthcare practitioner who had taken on extra responsibilities including conducting spirometry, under the supervision of the partners, following the departure of the practice nurses. However, no clinical member of staff had taken over the main functions associated with nursing staff, which led to the inspection team discovering issues with the practice vaccine fridge.

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

The practice valued feedback from staff which it acted upon to improve on the services it provided. We saw evidence that the practice sought feedback from:

- Staff through staff meeting and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- Patients through the NHS Friends and Family test, complaints and compliments received.
- The practice did not have an active Patient Participation Group (PPG). The practice informed us that they have attempted to get an active group together on a number of occasions, but that the groups did not continue without regular input from practice staff. The practice was currently running another campaign to recruit members for the PPG through posters placed at reception and a notice on the practice JayEx board.

This section is primarily information for the provider

## 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

Diagnostic and screening procedures  
Maternity and midwifery services  
Transport services, triage and medical advice provided remotely

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered persons did not do all that was reasonably practicable to assess and monitor the proper and safe management of medicines. They had failed to identify the risks associated with the lack of appropriate storage and monitoring of expiry dates of vaccines, medicines and medical devices.

This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

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

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered persons did not do all that was reasonably practicable to act on feedback from relevant persons for the purpose of continually evaluating and improving on the services provided. They had failed to have a plan of action in response to the low scores received as part of the National GP Patient Survey. In addition, the practice did not have a functioning Patient Participation Group (PPG) as a channel to engage with patients and their concerns.

This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.