

Drs. Ramasamy & Nannithamby

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs. Ramasamy & Nannithamby on 28 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to the administration of vaccines.
- 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 appropriate facilities and equipment 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.

The areas where the provider must make improvement are:

- Put in place a system for the production of written Patient Specific Directions permitting the healthcare assistants to administer vaccines, to ensure care and treatment is provided in a safe way for patients through the proper and safe management of medicines.

In addition, the areas where the provider should make improvements are:

Summary of findings

- Update the contact details contained within the safeguarding children policy to match those displayed in reception and in all rooms.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed, with the exception of those relating to the administration of vaccines.
- The Health Care Assistant had received specific training to administer vaccinations when a doctor or nurse were on the premises and were given verbal permission to do so by the prescriber. However, records of instructions given to the healthcare assistants to administer vaccines specific to each patient were not complete.

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 in several areas.
- 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.
- 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.

Good



- 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.

Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 participated in commissioning decisions for local care provision at monthly clinical learning set (CLS) meetings and six-monthly CCG peer review meetings where referral data and CCG-led audits were reviewed.
- 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 appropriate facilities and equipment 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.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients, underpinned by its statement of purpose which set out the aims and objectives of the service. Not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients at the practice. However, it was clear that staff were committed to the practice ethos of putting patients first.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was 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.

Summary of findings

- The provider was not fully aware of the requirements of the Duty of Candour when we initially raised this but undertook to familiarise themselves with this immediately following the inspection. The partners nevertheless complied with these requirements and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active but steps were being taken to form a PPG committee to introduce more stability and continuity and the practice was continuing to advertise the PPG to encourage new membership.
- 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.

Good



- 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.
- Older patients with high frailty risk scores who were at risk of hospital admission were invited for assessment, which included a physical health check, memory assessment, screening for anxiety and depression, and a medication review.
- The practice attended monthly meetings with a Network Learning Forum, where patients with complex medical problems were discussed with a multidisciplinary team, which consisted of GPs, community nurses, mental health consultants, and consultant geriatricians.
- The practice also took part in the local whole system project to further enhance the care of vulnerable patients over age 65.
- There was a primary care navigator on site to support vulnerable older patients and facilitate access to a range of services.
- Monthly meetings were held at two local residential homes, where all patients were discussed with a physiotherapist and social worker, with existing care plans adjusted in response to this.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance for the majority of 2014/15 QOF indicators for long-term conditions was above average including diabetes related indicators. There was a practice based specialist diabetic nurse to review and optimise the treatment of diabetic patients.
- Longer appointments and home visits were available when needed. More severe cases were discussed at monthly meetings with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- All these patients had a named GP and in order to reduce emergency hospital admissions, patients with chronic illness were invited to see the nurse practitioner or GPs regularly for review.
- Chronic obstructive pulmonary disease (COPD) patients were given rescue packs and a management plan for recurrent exacerbations. Some of these patients were case managed by the district nurse team.
- The practice used a local rapid response team if the practice was unable to attend a patient who suddenly becomes ill and requires urgent care during surgery hours.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations.
- 78% patients with asthma, on the register, have had an asthma review in the last 12 months that includes an assessment of asthma control. This was comparable with the national average of 75%.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice offered weekly, child health, antenatal clinics and postnatal clinics, as well as family planning consultations opportunistically. Patients needing input from the local paediatric team were discussed at monthly paediatric child hub meetings, or could be booked to see a consultant in the community paediatric clinic.
- The practice opportunistically offered a wide range of contraception including long-acting reversible contraception (LARC) methods, preferred by the patient population.

Good



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).

Good



Summary of findings

- 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 encouraged the use of online services and to develop these services further had applied for funding to provide free Wi-Fi access at the practice. Text messaging was used to confirm appointments and also to provide results of investigations.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group. This included NHS health checks and patients identified as at increased risk of developing heart disease, hypertension and diabetes were offered health promotion advice, and referred to smoking, dietetic clinics and exercise on prescription.

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 children and families at risk, patients with mental health problems and those with a learning disability. The practice also provided services to homeless patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had a large Arabic speaking population. An Arabic speaking doctor provided four sessions per week to improve access to medical services for this population. There was interpreter services for people who speak other languages, and longer appointments were offered for patients with language difficulties.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- 89% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average (84%). QOF performance for mental health related indicators was above the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. These patients were also offered longer appointments for annual health checks and medication reviews. There were robust follow up arrangements for those who failed to attend.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published July 2015 showed the practice was performing in line with local and national averages. 458 survey forms were distributed and 76 were returned, a response rate of 17%. This represented 1.5% of the practice's patient list.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 85% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, 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 44 comment cards which were mostly positive about the standard of care received. Less positive comments included difficulty about getting appointments and the occasional abruptness of staff. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The 12 patients we spoke with at the inspection were all very positive about the service provided. The only negative comments were about waiting times when attending for an appointment.

Drs. Ramasamy & Nannithamby

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. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Drs. Ramasamy & Nannithamby

Drs. Ramasamy and Nannithamby is a single location surgery which provides a primary medical service through a Personal Medical Services (PMS) contract to approximately 5090 patients within the Royal Borough of Kensington and Chelsea, West London. The practice is co-located in premises which are shared with another GP practice, with wheelchair access and all patient areas are on the ground floor. There is limited space within the current building, but there are plans for reconfiguration of the existing space for clinical consultation. The practice is part of NHS West London Clinical Commissioning Group.

The population groups served by the practice include a diverse mix of socio-economic and ethnic groups, including a relatively large Arabic community. There is a high level of deprivation in the area (within the second most deprived London borough), along with patients for whom English is not their first language and many of those do not speak English at all. Patients at the practice who are registered unemployed is also very high.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

At the time of our inspection, there were 3.3 whole time equivalent (WTE) GPs comprising the two partner GPs (one female and one male), an associate GP (female), and three regular locum GPs; and a practice manager (0.1 WTE). The practice also employed a nurse practitioner prescriber (1 WTE) and two regular part-time locum nurses, four healthcare assistants/receptionists and four other administrative staff.

The practice is open between 8:00am to 6:30pm Monday and Tuesday and between 8:00am to 7:30pm Wednesday to Friday. Appointments are from 8:30am to 6:30pm Monday and Tuesday and between 8:30am to 7:30pm Wednesday to Friday. Extended surgery hours are offered between 6:30pm to 7:30pm Wednesday to Friday and between 9:00am and 1:00pm every Saturday. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them. A doctor is also available for telephone advice between 2:00pm and 3:00pm daily, if patients telephoned before 12 noon to arrange this.

There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

Detailed findings

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 and asked other organisations to share what they knew. We carried out an announced visit on 28 January 2016. During our visit we:

- Spoke with a range of staff (the two partner GPs, the practice nurse, the practice manager, a healthcare assistant/ receptionist, the senior receptionist and a primary care navigator) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a patient was given conflicting advice about the results of a blood test, the practice reviewed how the results were being checked, and how and when this information was sent to patients. The practice also reviewed the communication process to patients to avoid a recurrence of the incident. We saw an extract of the minutes of a practice meeting where the incident was discussed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence of this in the notes of a meeting with a patient in December 2015.

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 and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, although the details for the safeguarding children policy needed to be updated to match those displayed in reception and in all rooms. The GP partners were lead members 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 all had received training relevant to their role, although the practice was awaiting confirmation of the details for one of the locum nurses. GPs were trained to Safeguarding level 3.

- A notice in the waiting room and throughout the practice advised patients in both English and Arabic 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 and had access to the local infection prevention teams if there was a need to raise issues or seek advice on infection control practice. There was an infection control policy in place which included the process to follow in the event of a needlestick injury. The infection control lead had undertaken update training and had provided in-house cascade training for the rest of the practice team. We saw the minutes of the June 2015 meeting when this took place. Regular infection control audits were undertaken and action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were intended to keep 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 the CCG 2015/16 prescribing improvement plan for the practice. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had also been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant had received specific training to administer

Are services safe?

vaccinations when a doctor or nurse were on the premises and were given verbal permission to do so by the prescriber. However, records of instructions given to the healthcare assistants to administer vaccines specific to each patient were not complete. The GP partners undertook to address this immediately.

- We reviewed three personnel files of the most recently recruited staff and found appropriate 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.
- 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.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and we saw the 2015 records for this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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). We saw the up to date certificate confirming the practice was free of Legionella.
- There were appropriate arrangements in place for recalling and reviewing patients on high risk medicines, including anticoagulants, medicines for rheumatoid arthritis and mental health conditions.

- 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 manager had put in place a matrix for planning and matching staff to consulting room availability to maximise staff time and the limited room resources. The practice undertook workforce planning to meet changing demands and for example had recruited additional staff to support the take on of a range of new out of hospital services.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All 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. Equipment and medicines were regularly checked and we saw the records for this. A first aid kit and accident book were 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 and details of a local 'buddy' practice to whom the practice could turn to for support in the event of service disruption.

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 98% of the total number of points available, with 9.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the CCG and national average: 92% compared to 89% and 89% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and similar to the national average: 79% compared to 26% and 80% respectively.
- Performance for mental health related indicators was better than the CCG and national average: 100% compared to 85% and 93% respectively.

The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) reported in Health and Social Care Information Centre (HSCIC), Hospital Episode Statistics (HES), was 0.30 below the national average. This was identified by CQC prior to the inspection as a 'very

large variation for further enquiry'. We discussed this with the practice who told us they had reviewed the notes of all patients above an assessed risk level to check whether any cardiac symptoms had been identified and also that these patients had been appropriately coded. The review had not revealed any clear explanation but would be repeated in the current year. In contrast the practice had achieved above average QOF scores for 'Secondary prevention of coronary heart disease' and 'Secondary prevention of coronary heart disease'.

Clinical audits demonstrated quality improvement.

- We saw details of five clinical audits completed in the last two years; two of these were completed audits 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, the practice carried out an audit of oral anti-coagulant prescribing against national patient safety standards. The initial audit revealed that only 60% of patients prescribed anticoagulants had relevant documentation of recent blood test results and dosing in their records. The practice reviewed its prescribing practice and introduced an electronic template for anti-coagulant prescribing. Repeat audits were carried out and in the most recent audit in August 2015 achievement of the national standards had improved significantly: 90% of patients prescribed anticoagulants had relevant documentation of recent blood test results and dosing in their records.

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 key policies and procedures, familiarisation with the staff handbook, IT systems, health and safety, emergency equipment and confidentiality. We saw examples of a completed induction checklist on the files of newly appointed staff we looked at.
- 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. Staff administering vaccinations and taking

Are services effective?

(for example, treatment is effective)

samples for the cervical screening programme had received specific training which had included an assessment of competence. 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 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The majority of staff had had an appraisal within the last 12 months and one was due for those outstanding before the end of the performance year.
- Staff received training that included: safeguarding, fire safety, 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 multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005 for which staff had received relevant training. There were policies in place covering consent and the MCA.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We saw evidence of this in patient records.
- 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.
- The process for seeking consent was recorded on records as appropriate.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition, and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, and patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service. For example, life style advice was offered opportunistically for overweight and obese patients in house with leaflets. Patients were referred to local schemes such as weight watchers/a dietician/exercise referral on prescription. In addition patients are referred to a bariatric clinic according to NICE Guidelines.
- The GPs provided weight and diet advice in a weekly weight loss clinic and smoking cessation advice was available in-house and from a local support group. Eighty seven percent of patients identified as smokers had been offered additional support and 44 had stopped smoking in the last 12 months.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. The practice nurse regularly audited abnormal and inadequate smears, and these patients are followed up in the practice. There were appropriate follow up arrangements in place for patients who did not attend for

Are services effective?

(for example, treatment is effective)

their cervical screening test. We saw that an alert about this had been put on one patient's record we looked at. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given in 2014/15 were comparable to and often better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 98% and five year olds from 72% to 93%.

Flu vaccination rates for the over 65s were 68%, and at risk groups 58%. These were also comparable to CCG averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (81% completed) and NHS health checks for people aged 40–74 (completed for 43% of eligible patients). 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.

The majority of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Less positive comments included difficulty about getting appointments and the occasional abruptness of staff. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The 12 patients we spoke with at the inspection were all very positive about the service provided. The only negative comments were about waiting times when attending for an appointment

We spoke with a group of five members of the patient participation group (PPG). 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 above average for many of its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 87% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Where results were below average the practice had discussed this and taken appropriate action to secure better rates in the next survey. This included relevant training and an in-house survey in the areas concerned which showed that the issues raised were not matters requiring specific further action.

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:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 79%, 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

Are services caring?

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

The practice's computer system identified to GPs if a patient was also a carer. The practice also had a carers list which identified 41 patients on the practice list as carers. The practice used the list to invite carers for an annual health check and flu vaccinations. Of those on the list, 13 had received a health check and 31 had had flu vaccinations. Written information was available to direct carers to the various avenues of support available to them. There was also a primary care navigator at the practice for

one morning and one afternoon per week to provide support to patients with complex social and health problems by sign posting them to relevant services. He also facilitated access to support equipment and community services for disabled patients or those with mobility problems.

Staff told us that if families had suffered bereavement, the practice provided support to meet the family's needs including offering them advice on how to find a support service, including local counselling services for the general population and also for specific ethnic minority groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in commissioning decisions for local care provision at monthly clinical learning set (CLS) meetings and six-monthly CCG peer review meetings where referral data and CCG-led audits were reviewed.

- The practice offered extended hours clinics on Wednesday, Thursday and Friday evening until 7:30pm and on Saturday morning between 9:00am and 1:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with greater needs including those with language difficulties, a learning disability and dementia. Thirty minutes were allocated for annual care plan reviews for specific patients.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice nurse provided a travel clinic to assess potential risks to patients' health from their planned travel and provide travel advice.
- There were disabled facilities and translation services available, but no hearing loop. There was limited space within the current building, but there were plans for reconfiguration of the existing space for clinical consultation rooms.
- A partner GP at the practice attended monthly meetings held at two local residential homes, where all patients were discussed with a physiotherapist and social worker, with existing plans adjusted in response to this.
- A partner GP also provided 40 minute appointments at a local hospital 'hub', two mornings a week for vulnerable patients over age 65 with complex needs as part of a local 'Whole Systems' pilot.

Access to the service

The practice was open between 8:00am to 6:30pm Monday and Tuesday and between 8:00am to 7:30pm Wednesday to Friday. Appointments were from 8:30am to 6:30pm Monday and Tuesday and between 8:30am to 7:30pm Wednesday to Friday. Extended surgery hours were offered between 6:30pm to 7:30pm Wednesday to Friday and between 9:00am and 1:00pm every Saturday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. A doctor was also available for telephone advice between 2:00pm and 3:00pm daily, if patients telephoned before 12 noon to arrange this.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to and in some areas better than local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73%).
- 65% patients said they always or almost always see or speak to the GP they prefer (CCG average 65%, national average 60%).

The majority of 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.
- 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. There was a notice in the reception area about complaints and compliments. There was also a complaints leaflet, although this was not on display but was available on request from the reception desk.

We looked at four written complaints received in the last 12 months. We found these were satisfactorily handled, dealt

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

with in a timely way, and showed openness and transparency in dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned. We saw meeting minutes where complaints, lessons learnt and action taken to improve the quality of care were discussed.

For example, a patient was unhappy that they had been contacted about non-attendance for an appointment, when they had phoned to cancel the appointment. The practice investigated the matter and found that the

appointment on the computer system had not been cancelled by reception who had taken the call. Staff were advised to make sure they completed an action without getting distracted to avoid situations like this. The patient had not taken the name of the receptionist they had spoken to. Consequently, all staff were reminded to give their names to introduce themselves as soon as they answered the telephone and were advised to remind themselves of the practice's telephone protocol.

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.

- The practice's statement of purpose, which set out the aims and objectives of the service, stated the practice was committed to providing improved healthcare services to the local population and ensuring equality of service to all its patients. Not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients at the practice. However, it was clear that staff were committed to the practice ethos of putting patients first and they were at the heart of the service they provided.
- The practice had a robust strategy and supporting business plans which reflected its vision and values and were regularly monitored.

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 which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was not fully aware of the requirements of the 'Duty of Candour' when we initially raised this but undertook to familiarise themselves with this immediately following the inspection. The partners nevertheless understood the general principles of this duty, complied with these requirements and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings and we saw a selection of minutes from these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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. The practice regularly reviewed comments posted about the service on the NHS choices website and responded to the feedback 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, daily afternoon telephone appointment slots were set up to enable

Are services well-led?

Good 

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

patients to speak with the clinicians regarding minor ailments, accessing test results and medication queries. This also gave the clinicians the opportunity to contact patients with urgent queries in between consultations.

- The practice had recognised the PPG had a transient membership and was taking action to address this which included forming a PPG committee to introduce more stability and continuity and continuing to advertise the PPG to encourage new membership. A PPG desk was to be provided periodically in the waiting area to facilitate this.
- The practice had gathered feedback from staff 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. 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 local pilot schemes to improve outcomes for patients in the area. For example:

- The practice participated in the 'Whole Systems pilot', a new community service which had been developed by the CCG to ensure comprehensive care planning for older at risk patients in a multi-disciplinary setting.
- The practice has begun a number of Out Of Hospital Services to ease pressure on admissions including Anti-Coagulation monitoring, Ambulatory Blood Pressure Monitoring, Near Patient Testing Monitoring and ECGs.

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	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider must ensure records of instructions permitting healthcare assistants to administer vaccines specific to each patient are complete, to ensure care and treatment is provided in a safe way for patients through the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2)(g)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	