# Dr Jayatilaka

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Dr Jayatilaka, Leigh-on-Sea on 25 November 2014. Overall the practice is rated as requires improvement.

Specifically, we found the practice to 'require improvement' in the domains of effective, safe and well led services. It is also rated as 'requires improvement' for all the population groups we inspected. The domains of responsive and caring were rated as good.

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

- Patients consistently commented on the caring attitude of the doctors and staff at the practice
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were available on the day they were requested, and patients told us it was easy to get through to the practice on the phone.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- staff felt supported by management, and staff knew who to approach with issues

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure there are suitable arrangements for infection prevention and control including training. Use cleaning schedules, auditing and suitable cleaning equipment in line with the practice infection control policy to ensure clinical and non-clinical areas are safe and free from the risks of infection for staff and patients.
- Ensure there is sufficient clinical time allocated for chronic disease management, follow-up, re-call and review to maintain and improve patients' health.
- Ensure clinical audits are undertaken, with completed clinical audit cycles to show improved patient outcomes.

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- Ensure fire safety procedures and risk assessment are revised, fit for purpose, and fire extinguisher(s) are purchased.

In addition the provider should:

- Promote on-line appointments and repeat prescriptions to improve access to services available at the practice, both to patients and stakeholders who were unaware the practice provided them.
- Formulate succession planning for the impending retirement of the practice manager.

Appraise staff members regularly to ensure staff are supported with up to date training and work objectives.

**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?**

**Requires improvement**

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement at the practice. Information about safety was recorded, monitored, and appropriately reviewed and addressed. The staff told us there were enough on duty to keep people safe. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented sufficiently to ensure patients were safe. For example areas of concern we found included infection control, and fire safety arrangements.

**Are services effective?**

**Good**

The practice is rated as good for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average for the locality. Information seen at the practice showed some clinical reviews were not completed for patients on the chronic disease registers. There were no completed audits of patient outcomes. We saw no evidence that audit was driving improvement in performance to improve patient outcomes. Clinicians attended end of life and multidisciplinary meetings quarterly to discuss patient care, and locality GP meetings to undertake external peer review of their work.

**Are services caring?**

**Good**

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. We observed a caring patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how people's choices and preferences were valued and acted on. Views of external stakeholders were extremely positive and aligned with our findings.

**Are services responsive to people's needs?**

**Good**

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and met with the local

# Summary of findings

Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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 suitable facilities and was adequately equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints with staff and other stakeholders.

**Are services well-led?**

Good

The practice is rated as good for being well-led. It had a vision and a strategy, but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management, and staff knew who to approach with issues. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

The practice sought feedback from patients via a comments box held in the waiting room; however they had not received many comments. The practice did not have a patient participation group (PPG). All staff attended regular staff meetings that were held at a time that all staff members could manage, but not all staff had received regular performance reviews or appraisals. There were no arrangements to formulate succession planning for the impending retirement of the practice manager.

# 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**

Good

The provider was rated as good for effective, caring, responsive and well-led this includes for this population group. The provider was rated as requires improvement for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Care and treatment of older people at the practice did not always reflect disease management goal based needs. Emergency processes were in place and referrals were made for patients whose health deteriorated suddenly. Some older people did not have regular follow-up monitoring and reviews for chronic disease management.

Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. There was some adaptation to the building for disabled and less mobile patients, but the front door was heavy and there was no doorbell for patients to request assistance from the staff if they did not see them arrive at the front door.

**People with long term conditions**

Good

The provider was rated as good for effective, caring, responsive and well-led this includes for this population group. The provider was rated as requires improvement for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Emergency processes were in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. However reviews and follow-ups for those patients on disease registers, to check patients health and care needs were being met, was lower than expected for a practice of this size.

**Families, children and young people**

Good

The provider was rated as good for effective, caring, responsive and well-led this includes for this population group. The provider was rated as requires improvement for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.

Immunisation rates at the practice for the standard childhood immunisations were good for the area. Emergency processes were in place and referrals were made for children and pregnant women whose health deteriorated suddenly. Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours. However, the practice did not have baby nappy changing facilities.

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

Good

The provider was rated as good for effective, caring, responsive and well-led this includes for this population group. The provider was rated as requires improvement for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The services patients at the practice of working age, students and the recently retired did not reflect the needs of this group. Although the practice offered extended opening hours for appointments on one evening a week, they had not monitored patient uptake to check this was sufficient to meet their needs. Patients could book appointments and order repeat prescriptions online although patients we spoke with were unaware this service was available. Health promotion advice and literature was available, but there were no health promotional clinics.

**People whose circumstances may make them vulnerable**

Good

The provider was rated as good for effective, caring, responsive and well-led this includes for this population group. The provider was rated as requires improvement for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability. It had carried out annual health checks for patients with a learning disability, but we did not find evidence that these had been followed up regularly.

The practice worked with a multi-disciplinary team in the case management of vulnerable patients. It had information displays within the waiting area that told vulnerable patients about how to

# Summary of findings

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, and told us they referred safeguarding issues to the nominated safeguarding lead to be dealt with at the practice.

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

Good

The provider was rated as good for effective, caring, responsive and well-led this includes for this population group. The provider was rated as requires improvement for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients experiencing poor mental health had received an annual physical health check, but we did not find evidence that these had been followed up regularly. The practice worked with a multi-disciplinary team for patients experiencing poor mental health and those with dementia.

We saw that the practice had information displays within the waiting area for patients experiencing poor mental health about how to access various support groups and voluntary organisations for example MIND. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Most staff had received training on how to care for patients with mental health needs.

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## What people who use the service say

Prior to our inspection we left comment cards for patients to complete and leave for us to collect on the day of inspection. We received 46 completed comment cards. They were overwhelmingly positive, praising the staff and doctors for their caring, understanding and professional approach. We did not receive any negative comments regarding the service at the practice from patients who completed our comment cards. Most patients commented on the ease of getting an appointment, and the doctors and the nurse having time and not feeling rushed during their appointments.

The results for 2013/14 national GP survey showed that 114 patients from the practice had taken part in the survey. Responses and comments were very positive, with 89% saying the receptionists were very helpful.

We spoke with five patients during our inspection. The feedback from those patients They told us they felt involved with their care and were very well supported by the staff at the practice. One patient we spoke with told us how they had arrived at the practice when the GP was getting into his car, and the GP had re-opened the practice and seen their family member as an urgent appointment. They commented that this was the caring attitude patients could expect at the practice as they go above and beyond normal service provision for patients.

An organisation providing a supported living environment for vulnerable people told us that the patients registered at the practice were treated with the utmost dignity and respect, and received an excellent standard of care. A local health professional told us the practice delivered a compassionate supportive service. They also talked positively about the communication network and arrangements with the practice to ensure their patients received the very best care.

A local pharmacist told us they had excellent communications with the practice which led to improved patients outcomes. The pharmacist spoke of a caring and compassionate network between them to ensure their patients best care and welfare.

## Areas for improvement

**Action the service MUST take to improve**

- Ensure there are suitable arrangements for infection prevention and control including training. Use cleaning schedules, auditing and suitable cleaning equipment in line with the practice infection control policy to ensure clinical and non-clinical areas are safe and free from the risks of infection for staff and patients.
- Ensure there is sufficient clinical time allocated for chronic disease management, follow-up, re-call and review to maintain and improve patients' health.
- Ensure clinical audits are undertaken, with completed clinical audit cycles to show improved patient outcomes.
- Ensure fire safety procedures and risk assessment are revised, fit for purpose, and fire extinguisher(s) are purchased.

**Action the service SHOULD take to improve**

- Promote on-line appointments and repeat prescriptions to improve access to services available at the practice, both to patients and stakeholders who were unaware the practice provided them.
- Formulate succession planning for the impending retirement of the practice manager.

Appraise staff members regularly to ensure staff are supported with up to date training and work objectives.

# Dr Jayatilaka

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector; they were accompanied by a GP specialist advisor and a practice manager specialist advisor.

## Background to Dr Jayatilaka

Dr Jayatilaka's practice is situated on Elmsleigh Drive, Leigh-on-Sea. The practice provides services for approximately 2000 patients living in the local area and holds a General Medical Services contract.

The practice is managed by a part-time practice manager. There are two part-time GPs and one part-time practice nurse. They are supported by administrative and reception staff.

The practice offers a regular opening time of 8am and various closing times between 3.30pm and 7.30pm from Monday to Friday. Consultation appointments are available starting at 9am or 11am in the mornings and from 2pm or 3.30pm until 5.30 or 6.30pm Monday to Friday with extended hours on Thursday evening until 7.30pm. Home visits are available as required and based upon need.

The practice has opted out of providing GP services to patients outside of normal working hours such as evenings and weekends. Details of how to access 'Care UK' for out-of-hours emergency and non-emergency treatment and advice is available within the practice and on the practice leaflet.

## Why we carried out this inspection

We inspected Dr Jayatilaka 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. This 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.

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.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. These groups are:

- Older people
- People with long-term conditions
- Families, children and young people

# Detailed findings

- 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)

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 25 November 2014. During our visit we spoke with a range of staff including the GP, the practice nurse, the practice manager and reception/administrative staff. We spoke with five patients who used the service. We observed how patients were being cared for and talked with carers and/or family members. We reviewed 46 comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with healthcare professionals also involved in the care and treatment of the patients registered at the practice.

# Are services safe?

## Our findings

**Safe track record**

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example we were told about a test sample that had not been labelled, and therefore could not be processed. As a result staff had been reminded to check both samples and forms for identification. We reviewed safety records, incident reports and minutes of meetings where these were discussed for the 18 months. This showed the practice had managed any incidents consistently over time and so could show evidence of a safe track record over the long term.

**Learning and improvement from safety incidents**

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of incident report forms, but it was not always apparent which incidents were potentially deemed to be significant events. We looked at the records which had occurred within the previous 18 months. We found that these had been investigated and learning or changes to practice had been shared with staff. For example we saw evidence that staff had been asked to be more vigilant following a prescription error.

Staff, including receptionists, administrators and nursing staff, told us the practice had an open and transparent culture for dealing with incidents when things went wrong or where there were near misses. They told us that they were supported and encouraged to raise concerns and to report any areas where they felt patient care or safety could be improved. All staff we spoke with were aware of and could tell us of changes that had been implemented following serious or significant incidents. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken within the time frames stated.

National patient safety alerts were disseminated by the practice manager to practice staff. Staff told us alerts were discussed at practice meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

**Reliable safety systems and processes including safeguarding**

The practice had systems to manage and review risks to vulnerable children, young patients and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Staff knew how to recognise signs of abuse in both adults and children. They were aware of their responsibilities to patients regarding information sharing, and told us they referred safeguarding issues to the nominated safeguarding lead to be dealt with at the practice. Staff showed us there were contact details available for the relevant agencies if they needed to access them.

The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. They could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with knew who the lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example if children where subject to child protection plans.

There was a chaperone policy, which was visible on the waiting room noticeboard. All nursing staff, including health care assistants, had been trained to be a chaperone. Nurses and staff understood their responsibilities when acting as chaperones, including where to stand to be able to protect both the patient and the GP.

**Medicines management**

We checked medicines stored in the treatment rooms and medicine refrigerators and found there was a policy and procedure for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

# Are services safe?

The nurses administered vaccines using directions that had been produced in line with national guidance. We saw directions and evidence that nurses had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. We checked ten sets of anonymised patient records which confirmed that the procedure was being followed.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

**Cleanliness and infection control**

We observed the premises to be clean and tidy. There were no cleaning schedules in place and cleaning check and records were not kept. The floor cleaning equipment used did not appear to be separated to clean designated areas and follow guidelines for premises used for primary care treatment purposes. Although patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice lead for infection control was a GP. The GP infection control lead was not available to speak with on the day of inspection. The practice could not evidence that the infection control lead had carried out any audits for the last three years.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury. However the policy did not follow the accepted guidelines of infection control for primary care settings or include annual auditing to check safety.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, and hand towel dispensers were available in treatment rooms.

The practice did not test or investigate for legionella (a germ found in the environment which can contaminate water systems in buildings). They confirmed on the day of inspection they would check if the practice needed to carry out regular checks for the future to reduce the risk of infection to staff and patients.

**Equipment**

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A time table of testing was in place and several pieces of equipment were new.

**Staffing and recruitment**

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had not had to recruit a member of staff for some time, however the practice manager showed us a recruitment policy that set out the standards the practice would follow when recruiting clinical and non-clinical staff in the future.

The practice was small and the staff told us that there was always enough staff on duty to meet patients' needs. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Newly appointed staff had this expectation written into their contracts.

**Monitoring safety and responding to risk**

The practice had systems, processes in place to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative. Identified risks were recorded to manage, monitor and action, on a risk log.

# Are services safe?

**Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Staff members confirmed they knew the practice procedure if a patient became acutely unwell at the practice. The practice considered they did not need oxygen, they also did not have an automated external defibrillator (a piece of equipment used to attempt to restart a patient's heart in an emergency). The practice told us they had not needed this equipment, However after discussion with the CQC GP specialist advisor on the day of inspection they told us they would purchase oxygen.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions were recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. The practice did not have fire extinguishers available at the practice; they told us they would purchase the required number of fire extinguishers for the building immediately.

Risks associated with service and staffing changes both planned and unplanned were not included on the practice risk log. We saw also no actions to formulate any succession planning for the impending retirement of the practice manager.

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The GP and nurse we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local clinical meetings. We saw minutes of practice meetings where clinical information was disseminated, the implications for the practice's performance and patients were discussed and any required actions were agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines.

The practice reviewed case notes for patients with long term conditions which showed patients were receiving appropriate treatment although we noted some clinical reviews were not completed on their disease registers. This could lead to patients not receiving the most appropriate treatment for their condition. The practice also used computerised tools to identify patients with complex needs who had multidisciplinary care plans and documented this in their case notes.

National data showed that the practice was in line with referral rates to secondary and other community care services for all conditions. The GP we spoke with used national standards for the referral of patients, for example patients with suspected cancers were referred and seen within two weeks.

We saw no evidence of discrimination when making care and treatment decisions. When talking with the GP and the nurse we found the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

**Management, monitoring and improving outcomes for people**

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The practice had not completed any clinical audits in the last year. When the GP was questioned about this they told us they did intend to carry out clinical audits in the coming year. The GP told us in the past clinical audits had been linked to safety alerts.

The practice used the information collected for the QOF and performance against national cervical and breast screening programmes to monitor outcomes for patients. For example, 80% of patients with diabetes had an annual medication review, and the practice met all the minimum standards for QOF in the areas of diabetes, asthma, and chronic obstructive pulmonary disease (lung disease). The practice was below the work threshold they should be for areas such as monitoring high blood pressure, dementia and giving flu vaccinations to the over 65s within the QOF (or other national) clinical targets.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff checked that patients receiving repeat prescriptions had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and clinicians attended quarterly multidisciplinary meetings to discuss the care and support needs of patients requiring end of life care and their families.

The practice participated in the local hospital 'admission avoidance' work. This involved the practice developing care plans for 2% of their patients that were at risk of an unplanned hospital admission. The practice manager told us these plans had been written with the agreement of the patient at risk. These plans were signed as agreed by the patient at risk and kept at their home to inform visiting healthcare professionals, and recorded on their records at the practice.

**Effective staffing**

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and

# Are services effective?

## (for example, treatment is effective)

saw that all staff attended courses such as annual basic life support. The two GPs were up to date with their yearly continuing professional development requirements and had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Some staff had undertaken annual appraisals that identified learning needs. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example 'dealing with difficult patients' and 'equality and diversity'.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology.

**Working with colleagues and other services**

The practice worked with other service providers to meet people's needs and support patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice attended multidisciplinary team meetings bi-monthly to discuss patients with more complex needs. for example those with end of life care needs or children on the at risk register. These meetings were attended by community nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record.

A local health professional told us the practice delivered a compassionate supportive service. They also talked about the communication network and arrangements with the practice to ensure their patients received the very best care.

**Information sharing**

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

For emergency patients, the practice provided a printed copy of a summary record for their patients to take with them to A&E. One GP showed us how straightforward this task was using the electronic patient record system, and highlighted the importance of this communication with A&E.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record 'SystmOne' to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

**Consent to care and treatment**

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. The clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had drawn up a policy to help staff. For example with making do not attempt resuscitation orders. This policy highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. When interviewed, staff gave us examples of how

# Are services effective?

## (for example, treatment is effective)

a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment). There was a practice policy for documenting consent for specific interventions.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

**Health promotion and prevention**

The practice had met with the CCG to discuss the implications and share information about the needs of the practice population. We were told these meetings provided peer support and the opportunity for clinical learning.

The practice also offered NHS Health Checks to its patients aged 40-75. Practice data showed that very few of their patients in this age group took up the offer of the health check. The practice told us it was one of their challenges and that they had tried to encourage more patients to attend for these checks.

The practice had a number of ways to identify patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were offered an annual physical health check. Practice records showed 94% had received a check up in the last 12 months. There was a selection of health promotional leaflets in the waiting room at the practice available for patients to take away.

The practice's performance for cervical smear uptake was within expected uptake for the CCG area. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who did not attend annually. There was a named nurse responsible for following up patients who did not attend screening

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for flu immunisations was below average for the CCG, although there was a clear process for following up non-attenders which had been implemented.

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. For example, data from the 2013-2014 national patient survey showed the practice was rated 'among the best' for patients who rated the practice as excellent or very good. The practice was also well above national average for its satisfaction scores on consultations with doctors and nurses with 90% of practice respondents saying the GP was good at listening to them and 89% saying the GP gave them enough time.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 46 completed cards and the every card was extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and exceptionally caring. They said staff treated them with dignity and respect. We also spoke with five patients on the day of our inspection. All told us they were more than satisfied with the care provided by the practice and all told us their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Screens were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

An organisation providing a supported living environment for vulnerable people told us that the people registered at the practice are treated with the utmost dignity and respect and receive and excellent standard of care.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

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

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also extremely positive and aligned with these views.

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

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

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. The patients we spoke with on the day of our inspection and the comment cards we received highlighted that staff responded compassionately when they needed help and provided support when required. The practice displayed press coverage on their notice board in the waiting room of the 2012-2013 national patient survey results as they were ranked fourth in the country for patient experience.

A local health professional told us the practice delivered a compassionate supportive service. They also talked about the communication network and arrangements with the practice to ensure their patients received the very best care. One patient we spoke with told us how they had arrived at the practice when the GP was getting into his car, and the doctor had re-opened the practice and seen their family member as an urgent appointment. They commented that this was the caring attitude patients could expect at the practice as they go above and beyond normal service provision for patients.

Notices and leaflets in the patient waiting room, told people how to access a number of support groups and

organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs.

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# Are services caring?

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# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and the practice addressed any identified needs in the way services were delivered.

The practice had tried without success to form a patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

**Tackling inequity and promoting equality**

The practice had access to telephone translation services for those patients whose first language wasn't English. The practice told us they had very few patients who spoke limited English.

The practice provided equality and diversity training through e-learning. Some staff members we spoke with confirmed that they had completed the equality and diversity training in the last 24 months.

The premises and services had been adapted to meet the needs of people with disabilities, although there were no facilities for baby changing. The practice was situated on the ground floor of the building. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

**Access to the service**

The practice offered a regular opening time of 8am and various closing times between 3.30pm and 7.30pm from Monday to Friday. Consultation appointments were available starting at 9am or 11am in the mornings and from 2pm or 3.30pm until 5.30 or 6.30pm Monday to Friday with extended hours on Thursday evening until 7.30pm. Home visits were available as required based upon need.

Information was available to patients about appointments on the practice patient leaflet; the practice did not have a website available for their patients. Information regarding arrangements to ensure patients received urgent medical assistance when the practice was closed was also available at the practice. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for people who needed them. This also included appointments with a named GP or nurse. Home visits were made to patients who lived in the local care home and to those patients who could not travel to the practice.

Patients reported they were more than satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. Comments received from patients showed that patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice.

The practice's extended opening hours on Thursday's until 7.30pm was particularly useful to patients with work commitments.

**Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system and this was set out on, complaints poster in the waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We reviewed three complaints received in the last three years and found these handled to the satisfaction of the complainant. The practice reviewed complaints and discussed them with staff during meetings to learn and improve procedures where needed.

# Are services well-led?

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

## Our findings

**Vision and strategy**

The practice did not have a formal vision and strategy, although they did outline their patients' rights and responsibilities on their patients information leaflet. The provider was able to articulate their vision and strategy to us, and told us their patients were at the heart of their service delivery.

**Governance arrangements**

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at 12 of these policies and procedures and most staff had completed a cover sheet to confirm that they had read the policy and when. All 12 policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead GP for infection control and a lead GP for safeguarding. We spoke with three members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing below national standards.

The GP told us about a local peer review system they took part in with neighbouring GP practices. We looked at the evidence of the showed the GPs attendance at the last external peer review. This showed that the practice had the opportunity to measure its service against others and identify areas for improvement.

We saw the practice had achieved an overall level two for information governance using the 'information governance (IG) toolkit'. The IG toolkit is an online system which allows NHS organisations and partners to assess themselves against Department of Health IG policies and standards. It also allows members of the public to view participating organisations' IG toolkit evaluations. Level two is a satisfactory achievement for primary care services using this toolkit.

**Leadership, openness and transparency**

We saw from minutes that team meetings were held regularly, each month. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, and recruitment policy which were in place to support staff. We were shown the staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

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

The practice did not have a patient participation group (PPG) and had not gathered feedback from their patients through patient surveys in the last year.

The practice had gathered feedback from staff through staff meetings, appraisals and 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 in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

**Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that not all appraisals had taken place within the last one or two years. Staff told us that the practice was supportive of training.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings.

This section is primarily information for the provider

# Compliance actions

## Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Treatment of disease, disorder or injury | Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control<br>Cleanliness and infection control.—<br>(1) (a) (b) (c)<br>(2) (a) (b) (c) (i) (ii) (iii)<br>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010<br>People who use services and others were not protected against the risks associated with unsafe or unsuitable infection control processes because the policy did not follow Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and National Institute for Health and Care Excellence (NICE) Primary Care guidelines. Annual audits and cleaning checks were not taking place to monitor risk. |