

Dr Parmod Luthra (Spring Grove Medical Practice)

Quality Report

Thornbury Road Centre for Health
Thornbury Road, Isleworth,
Middlesex, TW7 4HQ
Tel: 020 8630 1058
Website:

Date of inspection visit: 14 December 2017
Date of publication: 02/02/2018

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Dr Parmod Luthra (Spring Grove Medical Practice)	5
Detailed findings	6
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

(Previous inspection June 2015 - The practice was rated as good overall but effective domain was rated as requires improvement).

The key questions are rated as:

Are services safe? - Requires improvement

Are services effective? - Requires improvement

Are services caring? - Good

Are services responsive? - Good

Are services well-led? - Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People - Requires improvement

People with long-term conditions - Requires improvement

Families, children and young people - Requires improvement

Working age people (including those retired and students) - Requires improvement

People whose circumstances may make them vulnerable - Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

We carried out an announced comprehensive inspection at Dr Parmod Luthra (also known locally as Spring Grove Medical Practice) on 14 December 2017. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Dr Parmod Luthra was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At this inspection we found:

- There were inconsistent arrangements in how risks were assessed and managed.
- The practice did not always act on patient correspondence and pathology results in a timely manner.
- Data showed patient outcomes were low for patients experiencing poor mental health, and the cervical and bowel cancer national screening programme uptakes.
- The practice had a number of policies and procedures to govern activity, but it was not clear when they were written or when they had been reviewed.
- We found that completed clinical audits were driving positive outcomes for patients.

Summary of findings

- 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.
- Staff had received up to date training relevant to their role. Staff appraisals had been completed in a timely manner.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. However, some patients raised concerns regarding the long waiting time in the waiting area and dissatisfaction about the service provided by some reception staff.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. However, in their response the practice had not always included information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- There was a clear leadership structure and staff felt supported by management. However, some governance arrangements within the practice were not operated effectively.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review the system in place to promote the benefits of cervical and bowel cancer national screening in order to increase patient uptake.
- Review and take action to improve patient satisfaction with waiting times and reception staff.
- Ensure a consistent approach to recording significant events.
- Review and implement the system to invite patients aged over 75 for a formal routine health check to ensure continuity of care.
- Review the process of identifying carers to enable them to access the support available via the practice and external agencies.
- Ensure a response to complaints includes information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.

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

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

Dr Parmod Luthra (Spring Grove Medical Practice)

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.

Background to Dr Parmod Luthra (Spring Grove Medical Practice)

- Dr Parmod Luthra (also known as Spring Grove Medical Practice) is situated at Thornbury Road Centre for Health, Thornbury Road, Isleworth, Middlesex, TW7 4HQ. The location is shared with another GP practice. The practice provides primary medical services through a General Medical Services (GMS) contract to approximately 7,540 patients in the local area (GMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services).
- There is one principal GP, three salaried GPs and a long term locum GP. Four GPs are male and one female, who

work a total of 29 sessions per week. The practice employs a locum practice nurse and two health care assistants. The practice manager is supported by a team of administrative and reception staff.

- The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.
- The practice did not have a dedicated website but online services can be accessed through online Patient Access and NHS choices website.
- The practice population of patients aged between 0 to 9 and 20 to 25 to 44 years old is higher than the national average and there is a lower number of patients aged between 15 to 24, and aged above 45 years old compared to national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 59% of the population is composed of patients with an Asian, Black, mixed or other non-white background.
- This is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. There are two full-time trainee GPs.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Blank prescription forms for use in printers were not handled in accordance with national guidance.
- The practice did not always act on patient correspondence and pathology results in a timely manner.
- We found concerns regarding infection control, the fixed electrical installation checks of the premises and fire drills had not been carried out.

Safety systems and processes

The practice had systems and processes to keep patients safe and safeguarded from abuse. However, improvements were required.

- The practice did not always act on patient correspondence and pathology results in a timely manner and there were more than 196 items which were not managed efficiently dated back to 1 December 2017. This presented a risk to patient safety because some medicines had not been reviewed to reflect changes advised by the hospital, referrals to other professionals had not been actioned, appropriate coding had not been applied of new diagnosis and lack of appropriate information in patient's records. From those records we reviewed there was no evidence of harm to individual patients.
- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control. The principal GP was the infection prevention and control lead and all staff had received up to date training. An infection control audit had been carried out on 15 May 2017. The practice had not completed outstanding actions from this audit, such as the need to replace the carpet in the consulting room which was used to offer phlebotomy service. The provider told us they had limited control on the management of premises because the practice was renting a space in a shared premises and the contractor was responsible for managing the premises.
- On the day of inspection we noted that the safety of electrical portable equipment was not assessed at the premises to ensure they were safe to use. However, the practice informed us two days after the inspection that electrical equipment checks had been booked in January 2018. We received confirmation on 4 January 2018 that electrical equipment checks had been carried out at the premises.
- The practice ensured that medical equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The fixed electrical installation checks of the premises had been carried out on 28 March 2016. We saw the outcome of the fixed electrical installation checks was unsatisfactory and the practice was unable to provide records to demonstrate that remedial actions had been undertaken to address number of risks identified during the checks.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or

Are services safe?

building damage. The plan included emergency contact numbers for staff. However, a business continuity plan had not been reviewed since 24 June 2016. We saw the plan was due to be reviewed in June 2017.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines with the exception of management of blank prescription forms.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice had not kept prescription stationery securely. On the day of inspection we saw there was no system in place to monitor the use of blank prescription

forms for use in printers. Blank prescription forms for use in printers were not handled in accordance with national guidance as these were not recorded and tracked through the practice at all times.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- A fire safety risk assessment had been carried out by the contractor on 7 June 2016. We noted the practice was carrying out regular smoke alarm checks and the fire extinguishers were checked in July 2017. However, we noted the practice had not carried out a full fire evacuation drill.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, we noted significant events policy had not been reviewed since 2007. A blank template was available to record significant events but this template was not used.
- We reviewed records of two significant events and incidents that had occurred during the last 12 months. There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we saw the practice had investigated the incident, reviewed

Are services safe?

the emergency arrangements in place and reminded all staff to inform the management when emergency equipment had been used so replacement items could be arranged in a timely manner.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services overall and across all population groups.

The practice was rated as requires improvement for providing effective services because:

- The overall performance for mental health related indicators was below the CCG and national averages.
- The practice's uptake of the national screening programme for cervical and bowel and cancer screening were below national average.
- Patients aged over 75 were not invited for a formal routine health check.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Performance for the daily rate of prescribing of Hypnotics (medicines used to treat insomnia) was 0.08 which was below the CCG average of 0.71 and the national average of 0.98.
- Performance for the daily rate of prescribing of all antibacterial medicines was 0.8 which was comparable to the CCG average of 0.81 and the national average of 0.98.
- Performance for the percentage of antibiotic medicines prescribed that were Cephalosporins (usually prescribed for patients undergoing dialysis) or Quinolones (used to treat infections) was 4% compared to the CCG average of 4% and the national average of 5%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were not invited for a formal routine health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from the hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

The overall performance for diabetes related indicators was below the CCG and national averages. The practice had achieved 70% of the total number of points available, compared to 89% locally and 91% nationally. Exception reporting was 3% compared to the CCG average of 9% and the national average of 11%. The practice had a higher prevalence of diabetes than the national average (practice 10%; national 7%). Specifically, we found:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c is 59 mmol/mol or less in the preceding 12 months was 62% (CCG average 68%; national average 72%) with a low exception reporting of 3% (CCG 9%; national 14%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 65% (CCG average 75%; national average 78%) with a low exception reporting of 2% (CCG 8%; national 9%).

We looked at current systems in place to recall patients for annual review and saw that patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.

Are services effective?

(for example, treatment is effective)

We found the overall performance for chronic obstructive pulmonary disease (COPD) related indicators was 81% which was below the CCG average of 97% and the national average of 96%. Exception reporting was 1% compared to the CCG average of 11% and the national average of 13%. Specifically, we found:

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 79% (CCG average 89%; national average 90%) with a low exception reporting of 0% (CCG 9%; national average 11%).

Families, children and young people:

- Childhood immunisation rates for the vaccines given in 2015-16 were below the national averages. For children under two years of age, four immunisations were measured; each had a target of 90%. The practice had not achieved the target in any of the four areas and the practice scored was ranged from 77% to 85%. However, on the day of inspection, the practice had provided recent data which was ranged from 87% to 95%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

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

- The practice's uptake for cervical screening was 67%, which was below the 81% coverage target for the national screening programme. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was an appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Data from 2016-17 showed, performance for dementia face to face reviews was below the CCG average and national average. The practice had achieved 74% of the total number of points available, compared to 85% locally and 84% nationally. Exception reporting was 0% compared to the CCG average of 11% and the national average of 7%.
- 66% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was below the CCG average (88%) and national average (90%). Exception reporting was 2% compared to the CCG average of 8% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 73% of patients experiencing poor mental health had received discussion and advice about alcohol consumption, compared to 93% locally and 91% nationally. Exception reporting was 2% compared to the CCG average of 6% and the national average of 10%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and the national average of 96%. The

Are services effective?

(for example, treatment is effective)

overall exception reporting rate was 2% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- Performance for mental health related indicators was significantly below the CCG and national average. The practice had achieved 55% of the total number of points available, compared to 91% locally and 94% nationally. Exception reporting was 3% compared to the CCG average of 8% and the national average of 11%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average. The practice had achieved 79% of the total number of points available, compared to 82% locally and 83% nationally. Exception reporting was 1% compared to the CCG average of 4% and the national average of 4%.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- There had been five clinical audits commenced in the last two years, four of these were completed audits, where the improvements made, were implemented and monitored.
- The practice used information about care and treatment to make improvements. For example, the provider had monitored a range of clinical indicators associated with the effective management of patients diagnosed with pre-diabetes. For example, the practice tracked the progress on completing five evidence-based checks (including blood sugar, blood pressure, cholesterol, body mass index and smoking status) for patients diagnosed with pre-diabetes. The first audit in July 2016 demonstrated that 7% of patients within pre-diabetes range had attended the appointment for all five evidence-based checks. The practice had revised the protocol and implemented the changes. The practice had trained health care assistants (HCA) to do pre-diabetic checks. The system flagged patients with missing checks within the previous 15 months. The practice had trained administration staff to proactively invite patients to attend the dedicated HCA led pre-diabetic clinics. We saw the practice had carried out regular follow up audits to monitor the performance.

The follow-up audit carried out in April 2017 demonstrated continuous improvements in patient outcomes and found 52% of patients within pre-diabetes range had attended the appointment for all five evidence-based checks.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by the audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from the hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Data from 2015-16 showed, in total 37% of patients eligible had undertaken bowel cancer screening and 71% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 73% respectively.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All but two of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Two comment cards were neutral which highlighted some dissatisfaction about the service provided by some reception staff. Four patients and two members of the patient participation group (PPG) we spoke with were also happy with the service. Patients providing positive feedback said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, some patients we spoke with highlighted some dissatisfaction about the service provided by some reception staff.
- We saw the NHS friends and family test (FFT) results for last nine months and 91% patients were likely or extremely likely recommending this practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and eighty-five survey forms were distributed and 89 were returned (a response rate of 23%). This represented about 1.2% of the practice population. The practice results were comparable or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 82% of patients said the nurse was good at listening to them compared to the CCG average of 86% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared to the CCG average of 87% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice had developed an action plan in response to the national GP patient survey results. Actions which had been implemented included additional catch up slots to help doctors keep on time and steps taken to resolve the parking difficulties in the car park.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice had not proactively identified patients who were carers. The practice had identified 13 patients as carers (0.17% of the practice list). The practice's computer system alerted GPs if a patient was also a carer.

- Carers were invited to receive annual flu vaccination, offered health checks and given priority access to appointments. Written information was available to direct carers to the various avenues of support available to them, for example respite breaks for patients with learning disability.
- Staff told us that if families had experienced 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 and/or by giving them advice on how to find a support service.

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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice offered extended opening hours, online services such as repeat prescription requests and booking of online appointments.
- The practice did not have a dedicated website but online services were offered through online Patient Access and NHS choices website.
- The practice had installed a multilingual touch screen check-in facility to reduce the queue at the reception desk.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms and was visible from reception. There was enough seating for the number of patients who attended on the day of inspection.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop, a disabled toilet and baby changing facility.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice sent text message reminders of appointments and test results and used text messages to promote the NHS Friends and Family Test (FFT).

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had regular interaction with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- An anti-coagulation clinic was offered onsite, resulting in patients who required this service not having to travel to local hospitals. (An anticoagulant is a medicine that stops blood from clotting).
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice offered extended opening hours on Monday and Wednesday from 6.30pm to 7.45pm.

Are services responsive to people's needs?

(for example, to feedback?)

- In addition, the patients at the practice were offered extended hours appointments through a locality hub Monday to Friday from 6.30pm to 7.30pm, Saturday and Sunday from 8am to 8pm at the local practice. This extended hours service was funded by the local CCG.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- There was a system for flagging vulnerability in individual patient records.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment.
- Waiting times, delays and cancellations were minimal and managed appropriately. However, some patients we spoke with raised concerns that patients had to wait long time (15 to 45 minutes) in the waiting area after their allotted appointment time. The practice informed us they had introduced catch up breaks between appointment slots for GPs and was monitoring the situation.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use and pre-bookable appointments could be booked up to one week in advance.
- The practice was open from 8.30am to 6pm Monday to Friday. The reception was open from 8.15am to 6.30pm.

The practice offered a range of scheduled appointments to patients from 8.30am to 5.45pm including open access appointments with a duty GP throughout the day. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for patients that needed them. All appointments were also available to book online.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was varied in comparison to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 71%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 83% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 35% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 49% and the national average of 58%.
- 48% of patients said they have to wait 15 minutes or less after their appointment time compared with the CCG average of 58% and the national average of 64%.
- 93% of patients said they would recommend this practice to someone new to the area compared with the CCG average of 74% and the national average of 77%.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. However, improvements were required.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

Are services responsive to people's needs?

(for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance. 20 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way. However, complaint responses did not include information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It

acted as a result to improve the quality of care. For example, the practice had invested in a new telephone system to support improvements to telephone access. The system enabled patients to cancel appointments without having to wait to speak to a receptionist. The telephone system also had recording facilities to assist staff in improving their customer service techniques. Since the implementation of the new telephone system, there had been no complaints received regarding telephone access.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- We found there was a lack of good governance in some areas and monitoring of specific areas required improvement.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- The practice had a vision to provide good quality care and promote good outcomes for patients. However, the vision was not formalised or documented and there was no mission statement for the practice.
- The practice statement of purpose included practice's aims and objectives. This included delivering a high standard of comprehensive primary medical care to all patients. This included treating patients with dignity and respect. This also included providing excellent training to GP trainees and developing a strong team with all the required skill to provide good quality care.
- Staff were aware of and understood the practice's aims and objectives and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- The practice did not have a documented business plan or a formal written strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, improvements were required, for example:

- Practice specific policies were available to staff. However, some policies did not include the name of the author and they were not dated so it was not clear when they were written or when they had been reviewed.
- Data measured through the Quality and Outcomes Framework (QOF) showed patient outcomes were below the national average for patients experiencing poor mental health.
- The practice was renting a space in a shared premises but the practice was unable to demonstrate that they had an effective monitoring system to ensure that remedial actions had been undertaken to address number of risks identified during the fixed electrical installation checks.

Are services well-led?

Requires improvement 

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

- The practice had not ensured that a correct template had been used for reporting and recording significant events.
- There was no system in place to monitor the use of blank prescription forms for use in printers.
- The practice did not always act on patient correspondence and pathology results in a timely manner.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

There were processes in place for managing risks, however, improvements were required.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, we found concerns regarding infection control and fire drills had not been carried out.
- The practice had plans in place and had trained staff for major incidents. However, the practice had not followed their plan to review the business continuity plan in June 2017, which had not been reviewed since 24 June 2016.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, parking arrangements in the car park and concerns regarding long waiting time in the waiting area had been reviewed following feedback from the patients.
- The practice had recently established a virtual patient participation group (PPG). We spoke with two PPG members on the telephone and they were positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Health care assistants (HCA) had been trained to undertake pre-diabetic checks.
- This is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with.
- Leaders encouraged staff to take time out to review individual and team objectives, processes and performance.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>The practice was unable to demonstrate that they always followed national guidance on management and security of blank prescription forms.</p> <p>Fire drills were not carried out.</p> <p>The practice did not always act on patient correspondence and pathology results in a timely manner.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>The practice had not demonstrated good governance in accordance with the fundamental standards of care.</p> <p>The practice had not assured that all policies and procedures were up to date.</p>

This section is primarily information for the provider

Requirement notices

The practice was unable to demonstrate their monitoring of patient outcomes for patients experiencing poor mental health was always effective.

The practice had not ensured all actions required in response to infection control audit and the fixed electrical installation checks were completed and followed up, to monitor that required changes have been implemented.

Regulation 17(1)