

Dr J Kakad, Dr S Bhatt, Dr K Tanna, Dr A Baldwin, Dr D Bhatt & Dr S Koak

Quality Report

The Health Centre
Gooshays Drive
Harold Hill
Romford, Essex, RM3 9SU
Tel: 01708 796906
Website: www.drkakad-bhattandtanna.co.uk

Date of inspection visit: 27 June 2016
Date of publication: 06/09/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr J Kakad, Dr S Bhatt, Dr K Tanna, Dr A Baldwin, Dr D Bhatt & Dr S Koak	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr J Kakad, Dr S Bhatt, Dr K Tanna, Dr A Baldwin, Dr D Bhatt & Dr S Koak on 27 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were generally well assessed and managed. However, prescription pads in doctors' bags were not stored safely and securely.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, the results of the GP patient survey revealed areas where improvement was required.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Blank prescription forms and pads in doctors' bags must be securely stored and there must be systems in place to monitor their use.

The areas where the provider should make improvement are:

- The practice should continue to monitor results of the GP patient survey and take positive steps to address the concerns reflected therein.
- Take proactive steps to support patients who are also carers to identify themselves to the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However prescription pads in doctors' bags were not stored safely and securely and there were no systems in place to monitor their use. This posed a risk to patient safety.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity

Summary of findings

and respect. The practice was around or below average for its satisfaction scores on consultations with GPs and nurses. However, the practice had an action plan in place to address these issues.

- Patient's views were mixed about their involvement in planning and making decisions about their care and treatment.
- The practice did not proactively identify patients who were carers.
- Patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice prioritised reducing and preventing unplanned admissions to hospital, which was a CCG priority.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, however they should continue to monitor results of the GP patient survey and take positive steps to address the concerns reflected therein.
- The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered full health checks to patients aged over 75. Extended appointments were given to allow sufficient time for this. The check included a dementia screen, a frailty test and a review of their medication.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 98% compared with the CCG and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- 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 were relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 85% compared to the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice did not operate set clinics for patients with long term conditions. Therefore they were able to see a clinician for reviews at times that suited them, rather than during scheduled clinics.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national and CCG averages of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96% compared to the CCG and national averages of 92% and 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing below with local and national averages. 361 survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 52% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 65% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were mainly positive about the standard of care received. A few commented about some difficulty with telephone access. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However three commented on difficulties getting through to the practice by phone. In the friends and families test 57% of respondents said they would recommend the practice.

Dr J Kakad, Dr S Bhatt, Dr K Tanna, Dr A Baldwin, Dr D Bhatt & Dr S Koak

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector with a GP specialist adviser.

Background to Dr J Kakad, Dr S Bhatt, Dr K Tanna, Dr A Baldwin, Dr D Bhatt & Dr S Koak

The practice, also known as the Central Park Surgery, is based within Harold Hill Health Centre, Gooshays Drive, Romford RM3 9SU. It is one of four GP practices operating from the health centre which is a large, modern purpose built building. The practice is located in a residential area in Harold Hill, a district in the London Borough of Havering. It is accessible by local public transport services. Parking is available in an adjacent car park and on side roads around the practice.

The London Borough of Havering is located to the east of London. The locality is in the third more deprived decile in terms of deprivation score. At 77 for males and 83 for females, life expectancy is around the CCG and national

averages of 79 years for males and 84 and 83 years for females. According to 2011 Census data the majority of residents of the locality are white British at 82%, followed by people of Asian (2%) and black ethnic groups (2%).

The practice is staffed by six GP partners (three male, three female), a GP registrar, (a nurse practitioner and a practice nurse (both females), a practice manager and nine reception/administrative staff. The GPs work a total of 40 sessions per week. The nurse practitioner works full time as does the practice manager. The practice nurse works part time as do all of the reception/administrative staff.

The practice is a teaching and training practice. They regularly host third and fifth year students and trainee GPs.

The practice is open between 8am and 6.30pm Monday to Friday except Wednesday when it closes at 1.30pm. Appointments are from 8.30am to 10.30am every morning and 4.30pm to 6.30pm daily except on Wednesdays. Extended hours appointments are not offered. Outside of the normal practice opening hours, patients can see a clinician at the local GP hub which is open from 6.30pm to 10pm on weekdays and 12pm to 6pm on weekends. Patients can call a local number to get an appointment at the hub in advance. Outside of these hours patients can access care and treatment from the local out of hours provider.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and

Detailed findings

screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury from Gooshays Drive, Romford RM3 9SU.

The practice was not previously inspected by the Care Quality Commission.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, 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 27 June 2016. During our visit we:

- Spoke with a range of staff (clinical and non clinical) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a GP failed to attend a booked home visit, the process for home visits was reviewed and changed. This meant that the GP who initially spoke to the patient, rather than a receptionist, would personally arrange for a specific GP to undertake that visit.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs and nurses were trained to child protection or child safeguarding level three. Other staff were trained to level one. The practice maintained a list of patients who were at risk of abuse, such as those on the Child Protection Register, and these patients had an alert on their records.

- A notice in the waiting room advised patients that chaperones were available if required. Only the practice nurses acted as chaperones and they had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However blank prescription forms and pads in doctors' bags were not securely stored and there were no systems in place to monitor their use. They were not kept locked away when they were not in use. No record was kept of the form numbers to ensure none were missing.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice premises were leased from NHS England who was responsible for most of the health and safety aspects of the building including those relating to fire and electrical safety and legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that these records were up to date. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

enough staff were on duty. Reception staff shared all of the reception/secretarial roles and were able to provide cover amongst themselves for busy periods and for leave and unexpected absences.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm accessible to all staff which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice shared a defibrillator with other practices in the building which was provided by the landlord. The landlord was responsible for checking it. Oxygen with adult and children's masks was available. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy was held by the practice manager and handed to another member of staff when she was on leave.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff had monthly protected time where they could update themselves and share knowledge with other clinicians both inside and outside of the practice.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available (553 out of 559) with an exception rate of 13%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). During the inspection we reviewed the practice's processes for exception reporting and noted some inaccuracies. For instance in some cases patients had not responded to recalls for reviews and so had been excepted but had subsequently received a review opportunistically.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 92% compared the CCG average of 76% and the national average of 81%.

- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective

disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared with the CCG average of 92% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. One example was an audit of patients prescribed an anticoagulant (medicine to reduce the risk of blood clots forming). It was found that a number of patients were receiving this medicine outside of NICE guidelines. Following this audit the procedure for authorising repeat prescriptions for this medicine were changed. This included adding a requirement for GPs to include on the prescription the date the medicine should be stopped. A re-audit was conducted two years later and the results showed a decrease in the proportion of patients prescribed this medicine outside of NICE guidelines from 20% to 5%. The GPs would continue to monitor these patients to ensure this medicine was prescribed in accordance with NICE guidelines.

Information about patients' outcomes was used to make improvements. The practice closely monitored its performance against QOF which it used to monitor its performance in patient outcomes. Measures introduced to improve patient outcomes included allocating monitoring of each chronic disease to a named partner to ensure levels of performance and that any challenges were identified and addressed. For example, to support patients with diabetes clinicians followed a set protocol, for example using Dafne and Desmond education and self-management programs for ongoing and newly diagnosed patients with Type I and Type II diabetes.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse attended regular training for long-term conditions, cervical screening and travel health advice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. An example of this related to patients with chronic obstructive pulmonary disease (COPD). The practice worked collaboratively with the community matrons who were based in the same building to identify and support patients in their own homes. The practice was also able to share information with health visitors who were also based in the same building. For example, regarding children who had missed immunisations. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. For any procedure where consent was required, patients completed a consent form which was scanned into their notes.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on alcohol cessation and new parents who would benefit from local support groups. Patients were signposted to the relevant service.
- The practice followed the Gold Standards Framework care process for patients receiving palliative care. This approach served to optimise care for all patients approaching the end of life. All staff were able to suggest

Are services effective?

(for example, treatment is effective)

patients who may benefit from this approach. They were added to a list and discussed at the weekly clinical meeting. Information was also obtained from the district nursing team about patients they had identified who were in need of this additional support.

- The practice nurse was able to give advice about diet and smoking cessation.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 77% and the national average of 74%. There was a policy to opportunistically offer cervical screening tests to patients when they attended the practice for other reasons. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening

programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 68% to 81% and five year olds from 62% to 77%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

40 of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. The others commented about some difficulty with telephone access. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 1 member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients' views were mixed about whether they felt they were always treated with compassion, dignity and respect. The practice was around or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 69% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

We were told the practice was aware of these results and had carried out its own survey in late 2015/early 2016. From the results the practice had identified areas that were impacting negatively on patient's satisfaction and had put measures in place to address these. For example, in order to improve patient access and satisfaction, some of the GP sessions were reorganised and no more than two GPs were allowed to be on leave at the same time. An action plan had been drawn up which was still underway at the time of our inspection.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients views were mixed about their involvement in planning and making decisions about their care and treatment. Results were in line with or just below local and national averages. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.

Are services caring?

- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that interpreters were available for patients who did not have English as a first language. We did not see notices in the reception areas informing patients this service was available. However, we were told patients were advised about the availability of interpreters when they first registered. The practice leaflet contained information about interpreters.
- Information leaflets were available in easy read format.
- The practice website provided information about a variety of health related matters including family health, managing long term conditions and minor illnesses.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers (about 1% of the practice list). The practice did not proactively identify patients who were carers. However once they were identified, these patients received appropriate support and advice. Written information was available to direct carers to the various avenues of support available to them. Information about the Carer's Information Service and a local support group was displayed on the practice notice board.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the main priorities for the CCG was reducing and preventing unplanned admissions to hospital. Patients who had been admitted unexpectedly were contacted by the practice to discuss any additional support they may need. Care plans were adjusted accordingly where necessary. Patients who attended A&E regularly were also contacted to give further support and guidance about alternative sources of care and treatment where appropriate.

- The practice did not offer appointments outside of its normal opening hours. We were told the practice previously offered extended opening hours until 7.30pm but uptake by patients was low. Analysis of these appointments showed they were mostly used by patients who weren't necessarily restricted by working hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreting services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except Wednesday when it closed at 1.30pm. Appointments were from 8.30am to 10.30am every morning and 4.30pm to 6.30pm daily except on Wednesdays. Extended hours appointments were not offered. Outside of the normal practice opening hours, patients could see a clinician at the local GP hub which was open from 6.30pm to 10pm on weekdays and 12pm to 6pm on weekends. Patients could call a local number to get an appointment at the hub in advance. Outside of these hours patients could

access care and treatment from the local out of hours provider. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 60% of patients were satisfied with the practice's opening hours compared to the national average of 78%. The practice should review this and take steps to improve patient satisfaction on this issue.
- 52% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

With respect to the issues around telephone access, the practice was aware of the difficulties patients faced. The practice had engaged a new service provider and there were now six lines into the practice meaning patients could wait in a queue, rather than getting a busy tone. There was also a separate telephone number for regular appointments and enquiries, apart from the emergency telephone number which itself had four lines. Both numbers were given on the practice website. The practice conducted its own survey following this (in late 2015/early 2016) and results showed most of the respondents (42%) found it fairly easy to get through to the practice by telephone.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

Patients were advised to contact the practice before 10am to request a home visit. They were then contacted by a GP in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, in the patients leaflet available at reception.

We looked at 23 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint where a patient's prescription had been sent to the wrong chemist, the practice investigated and discovered the patient had not informed the practice that they wanted the pharmacy changed. It was explained to the patient that their consent was required to make such changes to their prescription arrangements. The practice also changed its process so that when new patients were registered a receptionist would check to see if the patient had nominated a particular pharmacy. If they had, they would be contacted to confirm their preference.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the practice offices and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The partners actively participated in local medical teams and committees. One of the partners was a medical director in the local Clinical Commissioning Group (CCG) and a chair of the Local Medical Committee (LMC). Two of

the partners were GP appraisers. We were told this involvement, as well as the practice being a teaching and training practice, fostered a culture of strong leadership and high standards.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. Clinical and staff meetings took place weekly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team away days were held every year at Christmas time. They also had regular social gatherings with staff from the other practices which shared the building.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. For example, at the time of the inspection the nurse practitioner was undertaking training to become an advanced nurse practitioner. She told us she had been well supported by the partners to pursue this further qualification.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested the practice promote online booking better in order to reduce pressure on the phone lines. This was done by putting information on the digital screen in reception. Use of the online booking system had since improved.
- The practice had gathered feedback from staff. Staff were able to record any issues they wanted raised in a communication book which was referred to during team meetings. Feedback from staff was also gathered through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. An example was where receptionist where unclear as to whether or not GPs had discussed test results with patients as this was not clearly recorded in the patient's notes. Therefore receptionists were contacting patients

to make appointments to discuss test results where this was not necessary. The practice manager raised this with the GPs during a meeting and this was addressed. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice referred patients to Health 1000, a local specialist GP practice which provided joined up health and social care services for people with complex care needs. The aim of Health 1000 was to ensure patients registered with this service received help and support to feel more in control of their own care. They were also supported to stay out of hospital and independent for as long as possible.

The practice nurse, as part of her advanced nurse practitioner training, ran an emergency clinic on Fridays. All patients who attended as emergencies on that day were seen by the nurse practitioner who was supported by one of the GPs. This clinic was found to be effective in increasing the practice's capacity to see more patients who attended as emergencies on the day. It was planned for this clinic to continue following the nurse achieving this qualification.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with the unsecure storage of blank prescription forms. Blank prescription forms and pads in doctors' bags were not securely stored and there were no systems in place to monitor their use. They were not kept locked away when they were not in use. No record was kept of the form numbers to ensure none were missing.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	