

Dr Lalta Sachdeva

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Lalta Sachdeva (also known as Abbey Court Medical Centre) on 9 February 2017. This inspection was a follow-up of our previous comprehensive inspection which took place in May 2016 when we rated the practice as inadequate overall. In particular the practice was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring services. The practice was rated as good for providing responsive services. The practice was placed in special measures for six months. Additionally, a breach of the legal requirements was found because systems and processes had not been established and operated effectively. Therefore, a Warning Notice was served in relation to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance.

After the inspection in May 2016 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

We undertook a further announced focused inspection on the 12 October 2016, to check that the practice had followed their plan to meet the legal requirements in relation to the breach and to confirm how they met with the legal requirements, as set out in the Warning Notice.

The practice provided records and information to demonstrate that the requirements of the Warning Notice had been met. However, a further Requirement Notice was served in relation to ensuring that the systems and processes to assess, monitor and improve the quality and safety of the services were further enhanced.

You can read the report from our last comprehensive and focussed inspections by using the link for Dr Lalta Sachdeva on our website at:

<http://www.cqc.org.uk/location/1-500922994/reports>

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 for reporting and recording significant events.

Summary of findings

- Risks to patients were assessed and well managed.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, care plans were not always comprehensive in detail.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.
- 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.
- Governance arrangements required further time to be embedded, in order for the practice to monitor and manage identified issues with care plans, annual indemnity insurance and test results.

The areas where the provider must make improvement are:

- Ensure that care plans are managed and monitored routinely, in order to ensure they are comprehensive in detail.
- Ensure that governance procedures are further enhanced and embedded. In order to show that care plans, annual indemnity insurance and the management of test results are improved.

The areas where the provider should make improvement are:

- Continue to improve the system that identifies patients who are also carers, in order that carers can be offered relevant support if required.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 good for providing safe services.

Good



- There was an effective system 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 to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

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

Requires improvement



- Data showed that care and treatment was not always delivered in line with recognised professional standards and guidelines. For example, 68% of patients with diabetes, on the register, in whom the last IFCC HbA1c (a blood test to check blood sugar levels) was 64 mmol/mol or less in the preceding 12 months (local average 78% and national average 79%). However, this was a 15% increase on the previous year.
- 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.
- The practice was below national and local averages for results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 48% of eligible patients had been screened for bowel cancer, which was below the CCG average of 61% and the national average of 58%. However, this showed a 1% increase

Summary of findings

on the previous year. Fifty six percent of eligible patients had been screened for breast cancer, compared to the local average of 74% and the national average of 73%. However, this showed a 5% decrease on the previous year.

- The practice was below national and local averages for results in relation to childhood immunisations. However the practice had made significant improvement to ensure there were systems and processes to address these.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



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.
- 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 requires improvement for being well-led.

Requires improvement



Summary of findings

- 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.
- 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 for notifiable safety incidents. We found they included how this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice did not have a patient participation group. However, the practice had made significant progress to promote the PPG and were planning on liaising with the CCG to access support and advice regarding PPGs.
- 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 requires improvement for the care of older people. The provider is rated as requires improvement for providing effective, caring and well-led services and good for providing safe and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing effective, caring and well-led services and good for providing safe and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to the national average, with only 68% of patients with diabetes, on the register, in whom the last IFCC HbA1c (a blood test to check blood sugar levels) was 64 mmol/mol or less in the preceding 12 months (local average 78% and national average 79%). However, this was a 15% increase on the previous year.
- 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. However, not all care plans were comprehensive in detail or contained up to date information.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing effective, caring and well-led services and good for providing safe and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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 A&E attendances. Immunisation rates were for all standard childhood immunisations.
- 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 practice's uptake for the cervical screening programme was 81%, which was comparable to the local average of 83% and the national average of 81%.
- 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.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing effective, caring and well-led services and good for providing safe and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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.
- There was an early morning clinic every Tuesday from 7am to 8.30am and an early evening clinic every Wednesday from 6pm to 7.30pm in order to support commuters with accessing appointments.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing effective, caring and well-led services and good for providing safe and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including 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.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing effective, caring and well-led services and good for providing safe and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Performance for dementia related indicators were similar to the local and national averages. Eighty eight percent 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 local and national average of 84%.
- Performance for mental health related indicators were similar to the local and national averages. For example, 92% 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 (local average 92% and national average 89%). This showed an increase of 6% on the previous year.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in varied compared to local and national averages. Two hundred and sixty eight survey forms were distributed and 102 were returned. This represented 2% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% 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%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 86%.
- 76% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. However, three cards contained negative comments, which related to either individual experiences of care received or the telephone booking of appointments.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice had conducted friends and families tests and between April to September 2016, nine test responses had been received by the practice with 81% of these stating they would recommend the practice to others. All of the patients we spoke with stated they would recommend the practice and two patients told us they were registered at the practice as a result of it being recommended to them.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that care plans are managed and monitored routinely, in order to ensure they are comprehensive in detail.
- Ensure that governance procedures are further enhanced and embedded. In order to show that care plans, annual indemnity insurance and the management of test results are improved.

Action the service **SHOULD** take to improve

- Continue to improve the system that identifies patients who are also carers, in order that carers can be offered relevant support if required.

Dr Lalta Sachdeva

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Lalta Sachdeva

Dr Lalta Sachdeva (also known as Abbey Court Medical Centre) delivers services from purpose built premises in Tunbridge Wells, Kent. There are 4,368 patients on the practice list. The practice is similar across the board to the national averages for each population group. For example, 38% are aged under 18 years compared to the CCG average of 40% and the national average of 38%. Scores were similar for patients aged 65, 75 and 85 years and over. The practice is in one of the least deprived areas of Kent.

The practice holds a General Medical Service contract and is led by one GP (female). The GP is supported by three locum GPs (two male and one female), a practice nurse (female) and a healthcare assistant (female), a practice manager and a team of administration and reception staff. A range of services and clinics are offered by the practice including asthma and diabetes.

The practice is open from 8am to 6.30pm. Morning appointments are from 8.30am to 11.00am and afternoon appointments are from 3.30pm to 6.00pm. There is an early morning clinic every Tuesday from 7am to 8.30am and an early evening clinic every Wednesday from 6pm to 7.30pm.

An out of hour's service is provided by Integrated Care 24, outside of the practices open hours. There is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from:

Dr Lalta Sachdeva, Abbey Court Medical Centre, 3rd Floor Abbey Court, 7-15 St Johns Road, Tunbridge Wells, Kent, TN4 9TF

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.

We inspected this service to check if the practice had made improvements from the last inspection in May 2016. That inspection had rated the practice as inadequate and the practice was placed in special measures for a period of six months.

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 9 February 2017.

During our visit we:

Detailed findings

- Spoke with a range of staff (two GPs, the practice nurse, the healthcare assistant, the practice manager, the deputy practice manager and two administrative staff) and spoke with eight patients who used the service.
- 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

At our previous comprehensive inspection on 5 May 2016 the practice had been rated as Inadequate for providing safe services.

- Patients were at risk of harm because there were no systems and processes established to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment, refrigerated medicine management issues and actions identified to address concerns with infection control practice had not been taken.
- The practice did not have formal systems to underpin how significant events, incidents and concerns should be monitored, reported and recorded. Information about safety was not used to promote learning and improvement. There were no formal arrangements for monitoring safety, using information from audits, risk assessments and routine checks.
- Staffing levels were at a minimum level, which had a significant impact when staff were absent, due to sickness or holidays. There was a lack of evidence to demonstrate that actions were being taken to address this.
- Recruitment checks were not conducted appropriately before staff were employed. Infection control procedures were carried out effectively.
- Medicine management was not always safe, in order to ensure that medicines held at the practice were safe to use, including the safety of prescriptions.
- Emergency equipment and medicine checks were routinely recorded.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safeguarded from abuse.

At our comprehensive inspection on 9 February 2017 we found the following:

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available

on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- 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, a patient had been prescribed a medicine which should not be prescribed with another medicine they were already taking. The practice staff discussed what went well and areas that would need developing in future incidents of this kind. There were safety records, incident reports and minutes of meetings to evidence this discussion and actions taken to reduce the risk of incidents of this nature reoccurring.

Overview of safety systems and processes

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

- Arrangements 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. Practice staff attended safeguarding meetings and 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. GPs were trained to child protection or child safeguarding level three.

Are services safe?

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be clean and tidy. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Vaccines were now being managed in line with national guidance. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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. However, we found that the practice did not have group indemnity insurance for staff working at the practice. We raised this with the practice manager and the insurance was applied for at the time of our inspection and has subsequently been obtained. Documentary evidence confirmed this.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception

office which identified local health and safety representatives. The practice had up to date fire risk assessments and records of regular fire drills conducted by the building landlord. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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. Actions had been taken to ensure staffing numbers had been increased following our previous inspection. For example, a new receptionist had been employed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive inspection on 5 May 2016 the practice had been rated as Inadequate for providing effective services.

- Data showed some patient outcomes were low compared to the locality and nationally.
- Results from the National GP Patient Surveys in July 2015 and January 2016 indicated that patients scored the practice lower than average in relation to; GPs and nurses listening to them giving them enough time and treating them with care and concern. The practice scored higher than average for accessing the service and the manner in which reception staff treated them.
- There was no evidence of two cycle clinical audits, in order to support quality improvement activity. Additionally, there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There was limited recognition of the benefit of an appraisal process for staff.
- There was evidence of staff training. However, there were gaps identified. For example, records of training showed that the nurse had not been trained in infection control since 2013 and the healthcare assistant since 2011.
- The practice engaged with other providers of health and social care.

At our comprehensive inspection on 9 February 2017 we found the following:

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 to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available (an increase of 22% on the previous year), with 11% exception reporting (compared to the local average of 11%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators the local and national average. For example, performance for diabetes related indicators were lower than the national average, with only 68% of patients with diabetes, on the register, in whom the last IFCC HbA1c (a blood test to check blood sugar levels) was 64 mmol/mol or less in the preceding 12 months (local average 78% and national average 79%). This was a 15% increase on the previous year.
- Performance for dementia related indicators were similar to the local and national averages. 88% 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 local and national average of 84%. This showed an increase of 31% on the previous year.
- Performance for mental health related indicators were comparable to the local and national averages. For example, 92% 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 (local average 92% and national average 89%). This showed an increase of 6% on the previous year.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- There had been clinical audits undertaken in the last , of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included

Information about patients' outcomes was used to make improvements such as: reviewing patients on a certain medicine which had been highlighted in a NICE guidance update. Where appropriate, patients had received a change in their prescribed medicines.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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, for those reviewing patients with long-term conditions.
- 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 and nurses. All staff had received an appraisal within the last six months.
- Staff received training that included: safeguarding, fire safety awareness, 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 to, or after they were discharged from hospital. Meetings took place with other health care professionals on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

We reviewed a sample of patients care plans and found these were not always comprehensive in content. For example, we found that 66 of 78 care plans did not include the contact details of the patients' next of kin. We also found that none of the care plans made reference to whether a patient had a do not resuscitate order, which we noted had been recorded on their electronic patient record.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Where required, patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the local average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. There were 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 achieved low results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 48% of eligible patients had been screened for bowel cancer, which was below the CCG average of 61% and the national average of 58%. However, this showed a 1% increase on the previous

year. Fifty six percent of eligible patients had been screened for breast cancer, compared to the local average of 74% and the national average of 73%. However, this showed a 5% decrease on the previous year.

Childhood immunisation rates for the vaccinations given were lower than the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in any of the four areas (ranging between 56% to 89%). These measures can be aggregated and scored out of 10, with the practice scoring 7.5 (compared to the national average of 9.1). The practice provided us with data from 2016/17 (which has not yet been verified, published and made publicly available) and these showed the practice had achieved a target range of between 78% to 90%.

Additionally, the practice recognised that rates remained lower than average and had implemented a system to ensure that patients (or their parent/guardian) who did not attend for their immunisations, were sent reminder letters to remind them of importance of having a child immunised.

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

At our previous comprehensive inspection on 5 May 2016 the practice had been rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. The practice's website had a translate button, which enabled the website to be read in several languages, in order to provide patients whose first language was not English with access to information.

At our comprehensive inspection on 9 February 2017 we found the following:

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.

Of the 28 patient Care Quality Commission comment cards we received 25 were positive about the service experienced. There were three cards which contained mixed views, the negative comments related to either individual experiences of care received or the telephone booking of appointments.

Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was both lower than and in line with the averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 87%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 89%.
- 92% 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 92%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and 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 CCG average of 93% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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.

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 comparable to the local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.

Are services caring?

- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers (Less than 1% of the practice list). The practice had implemented systems since our previous inspection in order to help ensure that there was a section on the practice's new patient registration forms where patients record whether they were or have a carer. The practices' website also contained details of how patients could identify themselves as carers. Written and online information was also available to direct carers to the various avenues of support available to them. However, since the implementation of the system no further carers had identified themselves. The practice had recognised this and had planned an event for a carers support group to provide staff with training.

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

At our previous comprehensive inspection on 5 May 2016 the practice had been rated as requires improvement 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.
- 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.

At our comprehensive inspection on 9 February 2017 we found the following:

Responding to and meeting people's needs

The practice reviewed the needs of its local population.

- The practice offered an early morning clinic every Tuesday from 7am to 8.30am and an early evening clinic every Wednesday from 6pm to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from 8am to 6.30pm. Morning appointments were from 8.30am to 11.00am and afternoon

appointments are from 3.30pm to 6.00pm. There was an early morning clinic every Tuesday from 7am to 8.30am and an early evening clinic every Wednesday from 6.00pm to 7.30pm. In addition, patients could book appointments up to twelve 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 were better than the local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 100% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, posters displayed in the waiting room, summary leaflets available and through the practice's website.

We looked at four complaints received in the last six months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and

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

complaints and also from analysis of trends; action was taken as a result to improve the quality of care. For

example, the practice had reviewed its referral systems following a delay in a patient being referred to another health service in a timely manner. Where appropriate, policies and procedures had been updated to reflect this.

Are services well-led?

Requires improvement 

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

Our findings

At our previous comprehensive inspection on 5 May 2016 the practice had been rated as requires improvement for providing well-led services.

- The practice did not have a clear vision and strategy. The practice did not hold regular governance meetings and issues were discussed informally. Records of meetings that had taken place were lacking detail in relation to the issues discussed, action that had been taken and the person identified as being responsible for implementing improvements.
- There was a lack of leadership but staff told us they felt supported by management. There was also a lack of knowledge about the issues affecting the practice and insufficient action had been taken to improve them or formally share them with staff working at the practice.
- We found that the practice were aware of performance issues but there was no direction from the principal GP and the practice management to address these issues and no evidence to identify they had been addressed.
- The practice did not have an on-going programme of clinical audits to monitor quality and systems to identify where improvements could be made. Additionally, the practice did not have formal systems to underpin how significant events, incidents and concerns should be monitored, reported and recorded. Information about safety was not used to promote learning and improvement. There were no formal arrangements for monitoring safety, using information from audits, risk assessments and routine checks.
- Staff were encouraged to provide feedback but this was not being recorded. The staff meeting structure did not include issues such as significant events, safety alerts, complaints and updates to guidance.
- The practice did not have a patient participation group (PPG). Whilst they were advertising for new volunteers to establish a new PPG, the practice had not reflected or learnt lessons from the last PPG, in order to ensure the effectiveness of such a group and to ensure improvements were made to the services offered.
- Staff told us they had not received regular practice performance updates in the form of formal supervision or regular appraisals.

- The provider had not ensured that the policy for recruitment and training was being followed.
- The practice did not provide any evidence to suggest that there was an ethos of continuous learning.

At our comprehensive inspection on 9 February 2017 we found the following:

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 waiting areas and staff knew and understood the values.
- The practice had a good 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. However, not all governance procedures had been established effectively. For example, we found that approximately 200 test results which had been reviewed and actioned, remained on the system and there was no process or procedure for routinely clearing these. We raised this with the practice manager, who subsequently sent us documentary evidence to show that a new procedure had been implemented to ensure test results that had been actioned, were managed and monitored on a daily basis and that all existing test results had been appropriately cleared. Additionally they had failed to identify the issues relating to care plans and indemnity insurance.

Those governance procedures which had been established, outlined structure and procedure 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.

Are services well-led?

Requires improvement 

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

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

Staff told us the GPs were approachable and always took the time to listen to all members of staff.

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

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

- Staff told us the practice held regular team meetings. We saw minutes of meetings that confirmed this.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice had gathered feedback from their patients via the use of the friends and family test, comments and suggestions box in the reception area for patients to use and were planning to conduct a patient survey.
- The practice did not have a patient participation group (PPG). A PPG had been organised previously however, due to a decline in numbers, it had ceased to operate. We saw posters in the waiting room promoting the importance of a PPG and the practice were trying to recruit new volunteers (either in person or by means of virtual attendance). However, despite promoting the PPG significantly, no new volunteers had been found. The practice had plans to work with the local CCG to help ensure they received appropriate support with establishing an active PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received.

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 Maternity and midwifery services Treatment of disease, disorder or injury | <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: Good governance</p> <p>How the regulation was not being met:</p> <p>The provider was failing to ensure that where care and treatment was shared with other health care providers, the information shared was up to date.</p> <p>In that:</p> <ul style="list-style-type: none">Care plans were not always comprehensive in detail and did not always contain up to date information. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance</p> <p>How the regulation was not being met:</p> <p>Not all systems and processes established were effective.</p> <p>In that:</p> <ul style="list-style-type: none">Governance arrangements identified issues with care plans, annual indemnity insurance and test results. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |