

Dr PL Gupta's Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr PL Gupta's Practice, known locally as Derby Lane Medical Centre on 31 March 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 a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, the records made of such events required improvement.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients on the day of the inspection about their care was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback also indicated there were problems with accessing GP appointments but there was good open access to GP appointment each day for urgent and emergency appointments.
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally.
- Information about services and how to complain was available but required improvement to be easily understood.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.

The areas where the provider must make improvements are:

- The provider must ensure that suitable guidance, policies and procedures are available to staff for the protection of vulnerable people.

The areas where the provider should make improvement are:

- The records made of the reporting of significant events required improvement to ensure the full detail of the event is captured and the learning has taken place.

- Infection control risk assessment should be completed on a regular basis and signed off by the registered provider.
- The provider should review the system in place for complaints to ensure a full record of the complaint is logged in line with the practice policy.
- Staff files should have records and certificates to show the full and completed training undertaken for each staff member.
- A risk assessment for the need to have oxygen on site in an emergency should be undertaken. According to current external guidance and national standards this equipment should be in place in all practices.
- All staff practice meetings should be introduced.

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. There was a system in place for reporting and recording significant events but improvements were needed to this. We found that where unintended or unexpected safety incidents had occurred, patients received reasonable support information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. However, the practice did not have policies and procedures for the protection of vulnerable adults. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these but regular internal infection control risk assessments were not taking place. There were safe systems in place for the management of medicines. The practice did not have oxygen therapy available for use in an emergency situation.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams with good engagement with community services. Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. The practice worked in conjunction with other practices in the locality to improve outcomes for patients. Staff worked on a multidisciplinary basis to meet the needs of people receiving end of life care. Clinical audits were carried out to drive improvement in outcomes for patients.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the

Good



Summary of findings

services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Data from the GP National Patient Survey showed that patients rated the practice comparable to others locally and nationally for aspects of care. For example having tests and treatments explained to them and for being treated with care and concern. Information for patients about the services available to them was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that 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. It had a clear vision and strategy. Staff knew about the vision and their responsibilities in relation to this. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active Patient Participation Group (PPG). Staff had received inductions, regular performance reviews but improvements were needed to ensure regular all practice meetings were taking place.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice participated in the Avoiding Unplanned Admission enhanced service as proposed by NHS England. This involved co-ordinated working between GPs, practice nurses, district and mental health nurses and wider primary care health team as well as social services and secondary care input to focus on the needs of the vulnerable elderly patients. The practice had named GPs for all patients and also specifically for those over the age of 75 years. The practice offered a variety of health checks for older people specifically memory screening and osteoporosis risk assessments.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff were appropriately trained and had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice provided a named GP to ensure continuity of care. They work with outside agencies to ensure patients were supported and receive a high quality of care within the community. These include district nurses, heart failure team and a neighbourhood team made up of both Health and Social care staff. Patients with long term conditions were provided with literature and disease specific information to enable self-management of conditions. For example, patients with lung disorders were given self-management plans and rescue packs of antibiotics in case of exacerbation at home. Care plans were in place for at risk patients which permits information sharing with the wider community team. Initial appointments were made with the GP followed by regular review by the nurses at the practice.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Weekly mother and baby clinics for baby and postnatal checks were provided. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and

Good



Summary of findings

young people who had a high number of A&E attendances. Immunisation rates were good 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. For babies and young children up to the age of 5 an appointment to attend was provided at the end of the morning to avoid long waits. Appointments were also available outside of school hours and the premises were suitable for children and babies. We saw good 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 offers a telephone consultation service every day as well as pre-bookable appointments for morning and afternoon surgeries. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice also used the Electronic Prescribing System, increasing convenience for patients who might work during the day.

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 and those with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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). The practice regularly worked with multi-disciplinary teams in the case

Good



Summary of findings

management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and has a mental health register of patients. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The results from the National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 351 survey forms distributed and 118 were returned, this is a completion rate of 34% and representative of 3.3% of the practice population.

The survey results were at or above the local CCG and national averages for patient access. For example;

- 82% of respondents with a preferred GP usually get to see or speak to that GP (CCG average of 58%, national average of 59%).
- 79% of respondents usually wait 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).
- 86% of respondents find it easy to get through to this surgery by phone (CCG average 75%, national average 73%).
- 77% of respondents describe their experience of making an appointment as good (CCG average 76%, national average 73%).
- 89% find the receptionists at this surgery helpful (CCG average 62%, national average 85%).
- 79% usually wait 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 87%).
- 91% say the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 96% had confidence and trust in the last nurse they saw or spoke to (CCG average 97%, national average 97%).

The practice needed to improve in the following areas relating to patient access:

- 68% of respondents would recommend this surgery to someone new to the area (CCG average 80%, national average 78%)

- 69% of respondents are satisfied with the surgery's opening hours (CCG average 79%, national average 75%)
- 78% of respondents describe their overall experience of this surgery as good (CCG average 87%, national average 85%)

Patient results relating to treatment and care required improvement to meet local and national averages. For example:

- 85% say the last GP they saw or spoke to was good at giving them enough time (CCG average 90%, national average 87%).
- 81% say the last GP they saw or spoke to was good at listening to them (CCG average 90%, national average 89%).
- 82% say the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 88%, national average 86%).
- 76% say the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 81% say the last GP they saw or spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% had confidence and trust in the last GP they saw or spoke to (CCG average 86%, national average 95%).
- 87% say the last nurse they saw or spoke to was good at giving them enough time (CCG average 93%, national average 92%).
- 86% say the last nurse they saw or spoke to was good at listening to them (CCG average 92%, national average 91%).
- 88% say the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 92%, national average 90%).

Summary of findings

- 84% say the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 88%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Positive comments

were made about how friendly, caring and supported all staff were and how they had been treated with dignity and compassion. All patients said that they were happy with the care, staff were caring and respectful, though two commented that appointments were hard to get an appointment when they were needed.

Areas for improvement

Action the service **MUST** take to improve

The provider must ensure that suitable guidance, policies and procedures are available to staff for the protection of vulnerable people.

Action the service **SHOULD** take to improve

- The records made of the reporting of significant events required improvement to ensure the full detail of the event is captured and the learning has taken place.
- Infection control risk assessment should be completed on a regular basis and signed off by the registered provider.

- The provider should review the system in place for complaints to ensure a full record of the complaint is logged in line with the practice policy.
- Staff files should have records and certificates to show the full and completed training undertaken for each staff member.
- A risk assessment for the need to have oxygen on site in an emergency should be undertaken. According to current external guidance and national standards this equipment should be in place in all practices.
- All staff practice meetings should be introduced.

Dr PL Gupta's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr PL Gupta's Practice

Dr PL Gupta's Practice is registered with CQC to provide primary care services, which includes access to GPs, family planning, ante and post natal care. The practice is a long established GP practice working in the centre of Liverpool in a newly purpose built and deprived area of the city. The practice has a General Medical Services (GMS) contract with a registered list size of 3500 patients (at the time of inspection). The practice had a high proportion of patients between the ages of 25-34.

The practice has two GP partners, a salaried GP, a long term locum GP, practice nurse and health care assistant, practice and finance manager and a number of administration and reception staff. The practice is open from 8am to 6.30pm Monday to Friday. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 March 2016. During our visit we:

- Spoke with a range of staff 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:

Detailed findings

- 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 a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice did not carry out an annual analysis of significant events but they were discussed monthly with clinicians at a multi-disciplinary team meeting. We reviewed safety records, incident reports and minutes of meetings where these were discussed. The records made of significant events were brief in detail and required improvements.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies for children outlined who to contact for further guidance if staff had concerns about a patient's welfare. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. The practice did not have policies and procedures for the protection of vulnerable adults. 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 relevant to their role. GPs were trained to Safeguarding level 3.
- 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 arrangements were in place for them to receive a Disclosure and Barring Service check (DBS check). (DBS

checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead 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 but these were not internal and not undertaken on a regular basis. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, they also employed a pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found satisfactory information relating to their safe recruitment and on-going fitness to practice. For example, proof of identification, references, qualifications, registration with the appropriate professional body.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

There were a number of procedures in place for monitoring and managing risks to patient and staff safety. However, some of these required improvement.

- There were procedures in place for monitoring and managing risks to patient and staff safety but this

Are services safe?

required improvement. There was a health and safety policy available with a poster in the reception office which was out of date. The practice did not have a robust health and safety risk assessment including an up to date fire risk assessment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However there were no records to show that electrical safety and gas safety certificates had been issued for the premises. These were promptly acted upon following the inspection and evidence was provided to show this had been actioned. 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises however no oxygen was available for use in an emergency situation. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The provider had produced a range of assessment tools to ensure that the care and treatment provided to people who had long term conditions was reviewed and planned in line with best practice guidance. The practice monitored the implementation of best practice guidelines through regular clinical meetings. These meetings also provided an opportunity for peer oversight and challenge on clinical decisions. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

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 97% of the total number of points available, the CCG average being 95% and the national average was 94%. This practice performance for some national and clinical targets were not in line with national and local results. For example data from QOF results for 2014/15 showed;

- Performance for diabetes assessment and care was generally similar to or slightly lower than the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 85% compared to 83% nationally. The percentage

of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 74% compared to 78% nationally.

- Performance for mental health assessment and care was comparable to other practices. However data the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was higher than the national averages. For example the results were 90 compared to 89% nationally.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 79% compared to 89% nationally.

The practice was aware of this and had taken action since the publication of the results.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We found there had been a number of clinical audits completed in the last two years; these were two cycle completed audits where the improvements made were implemented and monitored. For example, one audit had been carried out with regards to the treatment of patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate). This showed an increase in the number of patients assessed and treated in line with current evidence based guidance for the treatment of atrial fibrillation.

Clinicians attended a weekly clinical meeting to discuss clinical matters and review the care and treatment provided to patients with complex needs. Multi-disciplinary meetings were also held to review the care and treatment provided to people receiving end of life care. Staff worked with other health and social care services to meet patients' needs. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Are services effective?

(for example, treatment is effective)

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, cancer, alcohol and drug misuse, dementia, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff held lead roles in a range of areas including; diabetes, chronic obstructive pulmonary disease (COPD), asthma, peripheral artery disease, heart failure, sexual health, contraception and mental health. Staff across the practice knew who the clinical leads were and patients could be allocated clinicians based on their clinical presentation or known health conditions.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

- Staff attended a range of internal and external meetings. GP attended meetings with the CCG and one GP was a lead in the CCG. Practice nurses attended local practice nurse forums. The practice was closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions.

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. Staff had received training for this. 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. Evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated were also shown to us.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice were practice and enthusiastic in offering national screening programmes, vaccination programmes, children's immunisations, long term condition reviews and bowel screening. An example of this was that each patient who had not responded to an invitation to bowel screening were contacted by the practice team personally to try and encourage the uptake of this screening test. This had resulted in very good uptake results for bowel screening at the practice. We found that health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

New patients registering with the practice completed a health questionnaire and were offered a health assessment with the nurse or health care assistant. A GP or nurse appointment was provided to new patients with complex health needs, those taking multiple medications or with long term conditions.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to or above other practices nationally. Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were generally comparable or above the CCG averages (where this comparative data was available).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 that members of staff were courteous and 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 and that conversations taking place in these rooms could not be overheard. The reception area was open to the main waiting area. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We collected 40 patients comments cards and all of these were positive about the service experienced. They said all staff were respectful and compassionate and they were treated with dignity and care. Results from the National GP Patient Survey published in January 2016 showed that patient's responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were at or slightly below average when compared to local and national averages for example:

- 85% said the GP gave them enough time (CCG average 90%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 89% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us in the 40 comments cards completed 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.

Results from the National GP Patient Survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were not in line with local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments (CCG average of 88% and national average of 86%).
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 82%)
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% , national average 85%)

We spoke with the management team who reported the survey was undertaken at a period of instability for the practice, GPs had left and there were vacancies for the practice nurse role. Since this time new GPs have started working at the practice and a new practice nurse has been appointed.

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

Patient and carer support to cope emotionally with care and treatment

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available at the practice and on the practice's website.

The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required.

Patients receiving end of life care were signposted to support services. Staff sent bereavement cards to carers following bereavement and they signposted them to bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission.

The appointment system was well managed and sufficiently flexible to respond to people's needs. Urgent on the day appointments were released throughout the day and routine appointments could be made on the day or they could be pre-booked. Longer appointments and home visits were available for older patients and patients with enhanced needs. Same day appointments were provided for patients who required an urgent appointment and for babies and patients with serious medical conditions.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8.30am to 6.30pm daily. 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. The practice also had an open access system each morning and patients spoke positively to us about this.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. For example;

- 69% of patients were satisfied with the practice's opening hours (CCG average 79%, national average 75%).

- 86% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 85% say the last appointment they got was convenient (CCG average 93%, national average 92%)
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 75% describe their experience of making an appointment as good (CCG average 76%, national average 73%)

The provider told us they regularly reviewed and adjusted the appointments system in response to feedback. All of the patients we spoke with on the day of the inspection told us that they were able to get an appointment when they needed one and only two out of the 40 comment cards we received cited dissatisfaction with the appointments system.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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 including a complaints leaflet and posters in the patient waiting area. We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. The records showed openness and transparency with dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However, the full audit trail of information relating to each complaint was not available and gaps in terms of missing information, such as response letters, were not seen in all of the complaints files.

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 and all staff were fully committed to the vision of providing high quality, friendly a personal health care to all patients of the practice. Staff understood the part they played in delivering this vision, and had a good understanding of how their work contributed to the overall performance of the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to or higher than other practices locally and nationally for the indicators measured.

The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role. We found that some external staff such as community nurses had access to the practice patient records system without the full authority to do this. We discussed this with the provider and management team at the time of the inspection and action was agreed with them.

Leadership and culture

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

The provider was 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 knowing about notifiable safety incidents and how to learn from these.

When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.

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

The practice actively encouraged and valued feedback from patients. The practice had a well-established electronic patient participation group (PPG). Members of the PPG told us they had regular communications with the practice manager and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback.

Feedback from staff was gathered on an informal basis and there were no regular all practice staff meetings taking place. Despite this staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They reported an open culture within the practice and said they had the opportunity to raise any issues at team meetings, they felt confident in doing so and felt supported. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had identified 2% of their population who were at risk of hospital admission and each of these have a careplan which is monitored and updated on a regular basis to avoid hospital admission.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have suitable guidance, policies and procedures available for the protection of vulnerable older people. Reg 13 (1)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	