

# Dr Jitendrakumar Trivedi

## 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?

Outstanding



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 Jitendrakumar Trivedi on 22 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- There was no system in place for tracking blank prescription forms and pads or monitoring their use, in line with national guidance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice for flu vaccines.
- 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. For example, following patient feedback the practice had reorganised patient information in the waiting area so that it was more clearly displayed, introduced in house diabetic eye screening and a phlebotomy service, employed more staff at busy periods, and changed the telephone system to make it easier and cheaper for patients to use.
- The practice had developed a video for patients which described the services that were available at the practice. This was available in multiple languages to meet the needs of the practice population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

# Summary of findings

- The practice had a clear vision which had quality and safety as a priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- 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.

We saw several areas of outstanding practice including:

The practice had audited avoidable accident and emergency admissions and unplanned admissions. They had then taken steps to reduce these where possible. Repeat audit data showed that rates for avoidable admissions and A and E attendances were the lowest in the locality. The practice had used this information to provide education and training on this topic to other local practices and to the public.

The practice had a proactive approach to flu immunisation. This resulted in a large percentage of patients receiving flu vaccines. The practice also provided information and education to other professionals about how to increase flu immunisation rates.

The areas where the provider must make improvement are:

- Introduce a system for tracking and monitoring the use of blank prescription forms and pads, in line with national guidance.

The areas where the provider should make improvements are:

- Ensure that all permanent and locum staff are aware of guidance for seeking consent for children and adults.
- Ensure that attendance at fire drills is logged and monitored to ensure that all staff remain aware of what to do in an emergency.
- Implement further systems to identify and offer support to all carers.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again where appropriate.
- The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Blank prescriptions were stored securely, but not always tracked through the practice.
- Fire drills took place, but attendance of all staff was not always recorded.
- Risks to patients were assessed and generally well managed.

### Are services effective?

The practice is rated as outstanding for providing effective services.

**Outstanding**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Data showed that the practice was performing highly in some areas when compared to practices locally. For example, flu immunisation figures were high compared to locality figures and the practice had disseminated learning about how to increase flu immunisation uptake to other practices.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, rates for unplanned admissions and A and E attendances were the lowest in the locality and the practice had shared protocols with other GPs to disseminate good practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Most staff were aware of guidance relating to mental capacity. One member of clinical staff was not aware of this guidance, but said that they would ask the lead GP for advice if unsure.

# Summary of findings

- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care and lower for other aspects. The practice described measures it had taken to address the feedback from this survey. More recent feedback from patients obtained during the inspection was very positive about the care received.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.
- The practice had identified a small percentage of patients who were carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they offered additional appointments as part of the Prime Minister's Challenge Fund.
- Feedback from patients on the day of the inspection was that they found it easy to make an appointment with a 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.
- The practice worked closely with other organisations and with the local community in promoting services to meet patients' needs. For example, the practice supported members of the PPG to deliver health related information and education to local communities and provided health promotion on local and Asian radio stations.

# Summary of findings

- There were innovative approaches to providing integrated patient-centred care which took into account the needs of patients from different backgrounds. The practice provided written health information in a number of languages, practice staff spoke a number of languages, and interpreters were available.
- 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. For example, the practice was aware of the needs of diabetic patients during Ramadan and provided advice on diabetes management for these patients which acknowledged religious and cultural considerations. Performance for diabetes related indicators was higher than the national average.
- Patients can access appointments and services in a way and at a time that suits them. For example, staff told us that the lead GP gave his mobile number to patients nearing the end of their lives or requiring palliative care. He stated that this meant that he could be contacted quickly if needed for support out of surgery hours. The GP told us this also enabled him to quickly complete the necessary paperwork if a patient died in order that arrangements could be made by relatives in line with cultural and religious needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

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

**Good**



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a very engaged patient participation group which influenced practice development.
- 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- One of the GPs was a physician specialising in elderly medicine and had expertise in this area.
- The practice had developed plans to offer an in house clinic for falls prevention which were described in detail on the day of the inspection.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

### People with long term conditions

Good



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

- GPs and 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 was higher 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 99% compared to a national average of 88%. The practice used patient contracts in multiple languages which provided information about the condition and the need for regular appointments and the role of patients in managing their own care through partnership with the practice. The practice was aware of the needs of diabetic patients during Ramadan and provided advice on diabetes management for these patients which acknowledged religious and cultural considerations.
- The practice provided clinics for patients with prediabetes and carried out audits to review care.
- 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.



# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 84% over the past 5 years, which was higher than 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. For example, the practice offered opportunistic immunisations to patients attending for midwife appointments.

## 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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice used the electronic prescription service so patients did not need to visit the practice to collect their prescription.
- The practice offered a virtual and face to face Patient Participation Group (PPG) so that people who had work commitments could participate and provide their views.

## People whose circumstances may make them vulnerable

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

Good



- 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.

# Summary of findings

- The practice had provided 100% of patients with a learning disability an annual health check.
- 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.

## 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).

- 94% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice performance for this period was the same or higher than local averages and lower than national averages. Out of 410 survey forms, 118 were returned. This represented 2% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 49% and national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and national average of 85%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 70% and national average of 85%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 61% and national average of 78%.

However, more recent feedback from patients obtained as part of the inspection was very positive. We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received, and also with availability of appointments and ease of contacting the practice by telephone. The patients that

we spoke with thought staff were approachable, committed and caring. The practice staff described how they had taken steps to address the feedback from the patient survey by introducing a new telephone system and employing more GPs and reception staff at busy times.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards and two letters from patients, all of these contained positive comments about the current standard of care received. One comment card also contained some negative feedback about medical treatment. Feedback from all patients was that staff were pleasant, helpful, and approachable, and that appointments were available quickly and at convenient times.

The Friends and Family Test results for April and May 2016 showed that 93% of respondents would be extremely likely or likely to recommend the practice to friends or family. Results for March 2016 showed that 79% of respondents would be extremely likely or likely to recommend the practice to friends or family. For March, April, and May 2016 remaining participants were neither likely or unlikely to recommend the practice or did not know if they would do so.

# Dr Jitendrakumar Trivedi

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Jitendrakumar Trivedi

Dr Jitendrakumar Trivedi is located in Slough in adapted premises. The practice has approximately 6000 registered patients. The practice has a high proportion of patients aged 20 to 24 years. There were high proportions of patients registered at the practice from Indian, Pakistani, and other Asian backgrounds. The area in which the practice is located is placed in the fifth most deprived decile. In general, people living in more deprived areas tend to have a greater need for health services.

There is one lead GP, two salaried GPs and five locum GPs. There are four male GPs and four female GPs. GPs provide approximately 30 clinical sessions per week in total, depending on the hours worked by locum GPs. The practice employs two female practice nurses, two locum nurses, and three health care assistants. The practice manager is supported by a team of administrative and reception staff. The practice is not a teaching or training practice for medical students or trainee GPs.

Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following location:

Shreeji Medical Centre

22 Whitby Road

Slough

Berkshire

SL1 3DQ

When the practices are closed patients can access the Out of Hours Service via NHS 111 service. The practice was inspected in December 2013 and we issued requirement notices. We re-inspected in August 2014 and found the practice had made the necessary improvements and was meeting all the regulations we reviewed. For example, they met regulations for respecting and involving people who used services and safeguarding people who used services from abuse.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 June 2016. During our visit we:

# Detailed findings

- Spoke with one lead GP, one salaried GP, one locum GP, one locum nurse, two health care assistants, the practice manager, and one member of reception / administration staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and in paper form. 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 verbal or written apology, and were told about any actions to improve processes to prevent the same thing happening again if appropriate.
- 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 at meetings and by email to ensure all relevant staff were informed and action was taken to improve safety in the practice. For example, following a significant event relating to patient notes, the practice manager immediately contacted the IT company to have this rectified and spoke with the relevant member of staff to ensure learning. Where significant events related to clinical matters, immediate action was taken, and learning took place through discussion at practice meetings, and where appropriate at CCG meetings.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were also

flowcharts displayed in rooms outlining safeguarding protocol and contacts. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and it was reported that they had all received training on safeguarding children and vulnerable adults relevant to their role. The practice manager reported that all GPs were trained to child protection or child safeguarding level three, and nurses were trained to at least level two. Information was available for patients about different types of abuse and this was located to enable patient access.

- A notice in the waiting room advised patients that chaperones were available if required. This was also displayed in another language to ensure that patients who spoke this language were aware of the service. Chaperones spoke multiple languages so could communicate with patients easily. 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP 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 reported receiving up to date training. Annual infection control audits were undertaken and we saw that no actions were required as a result of the last audit.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, there was not a system in place for tracking

## Are services safe?

and monitoring the use of blank prescription forms and pads. The practice explained that they had previously put in place measures to do this but had then stopped as they could not identify an efficient method.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However, these drills were not recorded and there was no list of which staff attended. 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. The practice had an up

to date gas safety check. The electrical wiring check for the building was slightly out of date, but the practice showed us evidence that an appointment had been arranged for this to be done the day after the inspection.

- 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. Where staff were on leave, existing staff or locums provided cover. Staff reported that there were sufficient numbers of staff to meet patient need.

### 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 the consultation and treatment rooms which alerted staff to any emergency.
- Staff reported receiving annual basic life support training and there were emergency medicines available.
- 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 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

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 100% of the total number of points available, and exception reporting was 8%.

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

- Performance for diabetes related indicators was higher 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 99% compared to a national average of 88%. The exception rate for diabetes related indicators was 11% which was similar to the CCG average of 9% and national average of 11%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the national average of 88%. The exception rate for mental health related indicators was 5% which was lower than the CCG average of 10% and national

average of 11%. However, the exception rate for depression related indicators was 30% which was higher than the CCG average of 24% and the national average of 25%.

The practice also showed us QOF data for 2015 to 2016 which was 100% of the total points available. This showed similarly high percentages for diabetes and mental health related indicators. The practice told us that they had a high number of patients with diabetes due to a high proportion of Asian patients. The practice showed us some patient contracts which were given to patients with diabetes providing information about the condition and the need for regular appointments and the role of patients in managing their own care through partnership with the practice. There were versions of these in English and also in other languages to ensure that all patients were given clear information about diabetes and were engaged in managing their own treatment. The practice was aware of the needs of diabetic patients during Ramadan and provided advice on diabetes management for these patients which acknowledged religious and cultural considerations. The practice also provided clinics for patients with prediabetes and carried out audits to review care.

For 2014 to 2015 QOF data there were high levels of exception reporting for atrial fibrillation, peripheral arterial disease, and depression compared to CCG and national averages. However, the practice described the steps they were currently taking to reduce this. They had a written protocol in place which they used to identify the reasons that patients may not attend appointments and to provide them with appropriate support to access appointments. For example patients who were reluctant to attend were contacted by the GP to discuss the reasons for this and so that the benefits of treatment could be explained. An alert was put on the notes of patients who had temporarily gone abroad for long periods in order that they could be contacted on their return. Patients who could not attend the surgery were visited at home. Staff had clearly defined roles in implementing this protocol and the practice reported that recent exception rates had now reduced.

Staff were actively engaged in activities to monitor and improve quality and outcomes. There was evidence of quality improvement including clinical audit. For example,





# Are services effective?

## (for example, treatment is effective)

the practice had completed a repeat audit to ensure that there was an accurate register of patients with atrial fibrillation and that these patients received appropriate assessment and treatment.

- There had been eight clinical audits completed in the year, four 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, the practice had audited unnecessary accident and emergency admissions and unplanned admissions. They had then used a protocol to identify patients most likely to be in these categories and to offer easier access to alternative healthcare options. They offered more frequent appointments of longer duration and provided immediate access to telephone or face to face appointments at the practice if requested. This was in order to educate patients, review healthcare needs, and refer to community services if needed. Recent repeat audit data showed that rates for unplanned admissions and A and E attendances were the lowest in the locality. The practice showed us that only eight of 32 patients classified as at high risk of avoidable admission had attended accident and emergency in the past seven months. The practice had presented these findings at CCG training meetings to disseminate good practice. They had also provided a talk on local radio to give the public advice on unnecessary A and E admissions and non-elective attendances.

### 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions received training in diabetes.
- The practice reported that staff administering vaccines and taking samples for the cervical screening programme had received specific training. 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. Staff had received an appraisal within the last 12 months.
- Staff received access to 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, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis and care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One



# Are services effective?

## (for example, treatment is effective)

nurse was not fully aware of these requirements and reported that they had not had training in this area. They reported that they would ask the lead GP for guidance if required.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those with long term conditions, patients with learning disabilities, patients diagnosed with mental health difficulties, and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice made referrals to a dietician and services to increase physical activity such as yoga classes and exercise groups. Smoking cessation advice was also available.

The practice had developed processes and materials to deliver health information and education to diverse patient groups, including those who spoke languages other than English. GPs, nurses, health care assistants, the practice manager, and reception staff spoke a number of different languages and could explain information to patients in these languages. The practice had developed a video for patients which described the services that were available at the practice. This was available in multiple languages to meet the needs of the practice population. Patient information relating to physical health and emotional wellbeing was available in a number of languages in the form of leaflets and on the website. A number of key individuals from Punjabi and Pakistani communities were members of the PPG. The practice supported these patients to deliver health related information and education to patients via their contacts within these communities.

The practice's uptake for the cervical screening programme was 84% which was higher than 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 providing information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of females, 50 to 70, screened for breast cancer in last 36 months was 57% which was lower than the CCG average of 63% and the national average of 72%. The percentage of patients, 60 to 69, screened for bowel cancer in last 30 months was 35% which was lower than the CCG average of 42% and the national average of 58%. Written information on these topics was also available in different languages. The practice was aware of cultural reasons that patients may not wish to undertake screening and provided information and education to these patients about the benefits of screening. 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.

2014 to 2015 childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 99% and five year olds from 80% to 96%. CCG averages of childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 95% and five year olds from 81% to 93%. The practice provided information for 2016 which showed the average percentage uptake for of all immunisations given until the age of 5 was high compared to others in the locality.

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

The practice showed us that the uptake for flu immunisations was high compared to locality figures. The practice uptake for patients over 65 was 81%, vulnerable patients under 65 was 67%, pregnant women was 71%, and



## Are services effective? (for example, treatment is effective)

children below school age was 63% to 70%. The lead GP described how they had offered opportunistic vaccinations and would carry out vaccination at home if the patient was unable to attend the surgery. They had developed a video produced by the CCG and given a talk on a local and on an

Asian radio station to describe the importance of flu vaccination. The practice had also been invited to give a talk to the CCG about their top 10 tips for increasing flu vaccination rates. They also told us that they had some information published in nursing journals on this topic.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- On two occasions it was observed that it was possible to see patient information on one of the computer screens in reception. The practice told us that this would immediately be moved to ensure that it was not visible to patients in the reception area.

All of the 25 Care Quality Commission comment cards contained positive comments about the service experienced. 24 of patient comment cards said the practice offered an excellent service and that staff were helpful, caring and treated them with dignity and respect. One comment card also contained some negative feedback about medical treatment. However, feedback from all patient comment cards was that staff were pleasant, helpful, and approachable.

We spoke with three members of the patient participation group (PPG) and received written feedback from two others. They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for some of its satisfaction scores on consultations with GPs and nurses and below average in other areas. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.

- 77% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 74% and national average of 85%.
- 65% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and the national average of 87%.

The practice described how they had taken steps to address the feedback from the patient survey by introducing a new telephone system, employing more GPs and reception staff at busy times, and providing staff with advice on communication with patients where appropriate.

### 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 very positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed that some patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were lower than local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and national average of 82%.
- 64% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 85%.

## Are services caring?

Feedback from patient interviews and comments cards on the day of the inspection was positive in relation to these areas. We saw in the files that we checked that nurses had received training on seeking consent.

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 that this service was available.
- GPs, nurses, health care assistants, the practice manager, and reception staff spoke a number of different languages. This meant that patients whose first language was not English were supported to make informed decisions about care and treatment in their language of choice.
- Information leaflets were available in other languages.
- There was healthcare information available on the practice website available in different languages.

### **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 11 patients as carers (0.2% of the practice list). The practice reported that this was due to a high proportion of younger patients registered at the practice. The practice held carers' meetings where information was shared about resources for carers, including financial support and healthcare resources. The lead GP told us that there was a current drive in the practice to promote local services for carers. Written information was available to direct carers to the various avenues of support available to them and there was information on the practice website.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice told us that they had identified the need to provide patients with information about which medicines to stop taking when they displayed particular symptoms of sickness. They had liaised with the CCG to develop patient information cards and we saw that these were located in reception for patients to take.

- Appointments were available at evenings and weekends at the practice and other surgeries as part of the Prime Minister's Challenge Fund. This meant that working patients registered at the practice who could not attend during normal opening hours could attend appointments.
- There were longer appointments available for patients with a learning disability and with complex health needs.
- 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. Where vaccines were not provided by the practice patients were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.
- GPs, nurses, health care assistants, the practice manager, and reception staff spoke a number of different languages.
- Patient information relating to physical health and emotional wellbeing was available in a number of languages in the form of leaflets and on the website.
- The practice had developed a video for patients which described the services that were available at the practice. This was available in multiple languages to meet the needs of the practice population.
- Staff told us that the lead GP gave his mobile number to patients nearing the end of their lives or requiring

palliative care. He stated that this meant that he could be contacted quickly if needed for support out of surgery hours. The GP told us this also enabled him to quickly complete the necessary paperwork if a patient died in order that arrangements could be made by relatives in line with cultural and religious needs.

- The practice had made changes following patient feedback. They had reorganised patient information in the waiting area so that it was more clearly displayed, introduced in house diabetic eye screening and a phlebotomy service, employed more staff at busy periods, and changed the telephone system to make it easier and cheaper for patients to use.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered from 6.30pm to 7.00pm on Monday, Tuesday, Wednesday, and Friday. The practice received funding from the Prime Minister's Challenge Fund to provide additional appointments. Patients could book appointments between 6pm and 8pm on weekdays and 9am to 1pm on weekends either at the practice or at certain other practices within the locality.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 49% and national average of 73%.

The practice described how they had listened to patient feedback and survey results and introduced a new telephone answering system and appointment system to improve access. They described conducting a supply and demand analysis and then increasing receptionists and GPs at busy times. Patients told us on the day of the



# Are services responsive to people's needs?

(for example, to feedback?)

inspection that they were able to get appointments when they needed them and that appointments were usually available on the same day. Feedback from the comments cards was also consistent with this.

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.

This was done through the use of a telephone triage system. 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 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. Information was displayed on posters and screens in the waiting area and on the practice website.

We looked at three complaints received in the last 12 months and found that these were handled appropriately and responded to in a timely way. Staff told us that the GP or practice manager would often speak to the patient to address the complaint rather than respond in writing. This was to ensure that the patient was fully satisfied with the outcome and enabled easier discussion with patients whose first language was not English. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following one complaint, staff were provided with advice about the provision of clear information to patients about availability of vaccines and appointments.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The lead GP was aware that prescriptions should be tracked through the practice, but had not identified or implemented an effective way to do this.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the lead GP and practice manager demonstrated they had the experience, capacity, enthusiasm, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff. Lead members of staff were actively engaged in activities to monitor and improve quality and outcomes and this benefited patients through

improvements in treatment. For example, leadership had contributed to high flu vaccine rates and reductions in avoidable hospital admissions and accident and emergency attendances.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The lead GP and manager 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 patients reasonable support, truthful information and an apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every two years.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. Staff were involved in discussions about how to run and develop the practice, and the lead GP 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following patient feedback the practice had reorganised patient information in the waiting area so that it was more



# Are services well-led?

Good 

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

clearly displayed, introduced in house diabetic eye screening and a phlebotomy service, employed more staff at busy periods, and changed the telephone system to make it easier and cheaper for patients to use.

- 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. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice participated in the Prime Ministers Challenge Fund to offer evening and weekend appointments for patients at the surgery and at a number of other surgeries. In addition, the practice had identified a number of patients with a history of falls, so they had liaised with a local hospital to develop plans for an in-house falls clinic to further reduce the number of unplanned admissions to hospital through preventative measures. The practice had shared learning with other practices on topics such as non-elective admissions, accident and emergency attendance, and uptake of flu vaccines to promote best practice.

## 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 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
Maternity and midwifery services	(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to
Surgical procedures	(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> Staff did not follow policies and procedures for monitoring and tracking blank prescriptions in line with national guidance.