Dr Selvaratnam Kulendran

Quality Report

13-15 Chase Cross Road
Collier Row
Romford RM5 3PJ
Tel: 01708 749918
Website:

Date of inspection visit: 28 July 2016
Date of publication: 19/01/2017

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

Ratings

Overall rating for this service	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires improvement**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Selvaratnam Kulendran's practice on 28 July 2016. Overall, the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, there were no systems in place to audit safety alerts.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks, legionella and staff training.
- Data showed patient outcomes were comparable to the CCG and national averages, with the exception of mental health indicators where the exception reporting was higher and children's immunisations were lower than national averages.
- Data showed patient outcomes were low compared to the national average for GP consultations. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, with the exception of lack of training in: information governance, safeguarding and infection control.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt listened to or feel they were involved in decisions about their care and treatment.
- The practice had identified relatively few carers who might need extra support.
- The practice told us that there was a virtual patient participation group (PPG).
- Information about services was available.
- The practice had a number of policies and procedures to govern activity.

The areas where the provider must make improvements are:

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff and comply with practice recruitment policy.
- Ensure risk assessments for DBS are carried out for staff who carry out chaperoning duties.
- Ensure all staff receive and complete required training to carry out their roles effectively, including safeguarding, infection control and information governance.
- Ensure systems are in place to monitor repeat prescriptions and safety alerts.

In addition the provider should:

- Implement a programme of quality improvement including audits to show improvements in patient outcomes.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support. Consider ways to support patients who are hard of hearing.
- Improve childhood immunisation rates for five year olds to bring in line with national averages.
- Ensure the risk of legionella is managed in the practice.
- Display notices in the reception areas informing patients that translation services are available.

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?

Requires improvement

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

- Risks to patients who used services were assessed and the systems and processes to address these risks implemented to ensure patients were kept safe, with the exception of those related to legionella, recruitment and management of safety alerts and repeat prescriptions.
- We found that infection control audits had been carried out annually and improvements had been identified and implemented with the exception of replacing the fabric seats in the waiting area or taps and sinks in the consultation rooms which were planned to be completed within a two year programme.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, however only three out of seven non-clinical staff had completed safeguarding training for adults and children relevant to their roles.
- 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.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were comparable to the CCG and national averages, with the exception of mental health indicators where the exception reporting was higher and children's immunisations were lower than national averages.
- Clinical staff told us they had access to up to date national guidelines, however, the practice could not evidence how they monitored that these guidelines were followed.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, with the exception of lack of training in: information governance and safeguarding.
- Multidisciplinary working was taking place but there were no meeting minutes.
- Clinical audits had been carried out.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Results from the national GP patient survey showed patients satisfaction with GP consultations were lower than the CCG and national averages and comparable for nurse consultations.
- Patients said they were treated with compassion, dignity and respect however, they did not always feel like they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified relatively few carers who might need extra support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had recently applied for an improvement grant to change seating in the waiting area, which they were awarded.
- On the day of inspection patients told us that most of the time they could make an appointment with a named GP with urgent appointments available the same day. However, they also told us that they found the out of hour's service inconvenient during practice closure times.
- The practice had facilities and equipment to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. We saw some evidence of learning from complaints.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. However, the practice did not have a strategy or supporting business plan to reflect the vision and values.
- The practice had a governance framework, which supported the delivery of good quality care. However, there were areas that required improving.

Summary of findings

- Although some audits had been carried out, there was no programme in place for continuous clinical and internal auditing to be used to monitor quality and to make improvements.
- The management team did not have oversight of staff training and it was staffs responsibility to manage and complete mandatory training.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of legionella.
- The practice told us that they had a virtual patient participation group (PPG), but could not demonstrate how the PPG influenced changes in the practice.
- The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safe, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

- The practice offered care to meet the needs of the older people in its population however, some older people did not have a documented care plan in their records where necessary.
- 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

Requires improvement

The provider was rated as requires improvement for safe, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

- The practice nurse 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 comparable to the national average. For example, 73% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 70% for CCG average and 78% for national average.
- 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, we saw some examples of the named GP working with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

- 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 lower than national averages 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.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

- 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. People could book appointments online and order repeat prescriptions.
- The practice had 30 minutes extended hours every evening, except for Thursdays when it is closed from 1pm.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

Summary of findings

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

Requires improvement

The provider was rated as requires improvement for safe, effective and for well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance for mental health related indicators was comparable to the national average. For example, 24 patients out of 40 with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 91% for CCG average and 89% for national average. The exception reporting was 44%, which was higher than the CCG average of 11% and national average of 13%. However, the practice told us some of these patients were no longer on treatment for mental health conditions and therefore did not require a care plan. But the practice were not able to input this into the computer system.
- Performance for dementia related indicators was comparable to the national average. For example, 22 out of 24 patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, compared to 83% for CCG average and 84% for national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- We reviewed the records of five patients with dementia and did not find evidence of an advanced care plan in their records.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. Two-hundred and ninety-seven survey forms were distributed and 103 were returned. This represented 1.9% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 18 patient Care Quality Commission comment cards we received were positive about the care received in the practice. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 17 patients on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff and comply with practice recruitment policy.
- Ensure risk assessments for DBS are carried out for staff who carry out chaperoning duties.
- Ensure all staff receive and complete required training to carry out their roles effectively, including safeguarding, infection control and information governance.
- Ensure systems are in place to monitor repeat prescriptions and safety alerts.

Action the service SHOULD take to improve

- Implement a programme of quality improvement including audits to show improvements in patient outcomes.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support. Consider ways to support patients who are hard of hearing.
- Improve childhood immunisation rates for five year olds to bring in line with national averages.
- Ensure the risk of legionella is managed in the practice.
- Display notices in the reception areas informing patients that translation services are available

Dr Selvaratnam Kulendran

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 an Expert by Experience.

Background to Dr Selvaratnam Kulendran

Dr Selvaratnam Kulendran's practice, also known as Chase Cross Medical Centre is located in Romford in a converted detached house, providing GP services to approximately 5,556 patients. The practice also responsible for providing GP services to 52 patients at the local care home. Services are provided under a General Medical Services (GMS) contract with NHSE London and the practice is part of the Havering Clinical Commissioning Group (CCG). The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures and family planning.

The practice is a single-handed GP practice and employs one female GP and one male locum GP. The GPs provide 21 sessions between Mondays to Friday. The practice employs one full time practice nurse. There are four reception staff, two administrative staff and one practice manager.

The practice telephone line was open between 8.30am to 1.30pm and 2.30pm to 6.30pm Monday to Friday. The practice doors were open from 8.45am to 1.30pm and 4.30pm to 7pm, except on Monday and Friday when the practice closed at 7.30pm. The practice is closed from 1pm every Thursdays. Appointments were from 9am to 12pm every morning between Monday and Friday. Appointments in the afternoon were between 4.30pm to 7.30pm on Monday and Friday and from 4pm to 7pm on Tuesday and Wednesdays. Extended hours appointments were offered four days a week, Monday to Friday with the exception of Thursday for 30 minutes. When the practice telephone lines were closed, calls were directed to the out of hours services which were available during practice closure and weekends.

Information taken from Public Health England, shows that the population distribution of the practice is similar to that of the CCG and national average. Life expectancy for males in the practice is 78 years, which is lower than the CCG and national average of 79 years. The female life expectancy in the practice is 83 years, which is lower than the CCG average of 84 years and the same as national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

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.

Dr Selvaratnam Kulendran practice was not inspected under the previous inspection regime.

Detailed findings

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 28 July 2016. During our visit we:

- Spoke with a range of staff (practice manager, receptionist, practice nurse and GPs) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

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 the practice manager would complete a recording 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). However, the forms lacked details of learning outcomes and improvements to be made to prevent this happening again.
- On the day of inspection the practice could not evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Within 48 hours of the inspection the practice provided evidence that patients had been contacted and recording forms had been updated with relevant details of learning outcomes. We have also since seen, practice meeting minutes where SEAs have been discussed and learning shared with staff.

We reviewed safety records, incident reports and patient safety alerts and found that the practice did not keep minutes of meetings where these were discussed. The practice manager and clinical staff told us that safety alerts were received by the practice manager who then disseminated to the relevant clinical staff. However, there was no audit trail to evidence what actions had been taken in response to safety alerts. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that the practice had moved from receiving investigation results in paper to electronic. However, this led to a patient not being contacted about an abnormal result because the practice did not have an effective system in place in using the IT system. Since then the practice has a better understanding of the computer system and GPs send electronic alerts to specific administration staff to make necessary follow-ups with the patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs did not attend safeguarding meetings, however they told us they provided reports where necessary for other agencies. The policy outlined that all staff would receive training relevant to their roles; however we found that that only three out of seven non-clinical staff had received training in safeguarding adults and children, although staff could, demonstrated they understood their responsibilities. GPs were trained to child protection or child safeguarding level 3 and we saw the practice nurse had been trained to level 2.
- We saw chaperone posters in the clinical rooms. The practice told us that only the practice manager and clinical staff acted as chaperones as they were trained for the role. However, on the day of inspection the practice could not demonstrate that the practice manager 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, however the seating in the reception area were fabric benches of which some were stained and damaged and hand wash basins were not suitable in the clinical environment. We saw both these issues had been identified in a recent infection control audit and the practice had received funding from NHS England to make the improvements within the next two years. The practice nurse was the infection control clinical lead and had up to date training and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and we saw staff had completed

online infection control training in July 2014, which was due to expire at the end of July 2016. Since inspection, we have seen that four staff have completed their up to date infection control training.

- 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). There was no clear process in place for handling repeat prescriptions. Reception staff were not able to consistently tell us how often uncollected repeat prescriptions were reviewed and followed up, including 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 and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five personnel files and found one member of staff had been employed since 2014. We found inconsistency in recruitment checks undertaken prior to employment for the recently employed staff. For example, there were records of proof of identification, CV and qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for relevant staff. There were no records of immunisation details for staff. We found no records of written references documented as outlined in the practices recruitment policy.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but did not carry out fire drills or fire alarm tests. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had not carried out a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 did not have a defibrillator available on the premises; however, the practice had a documented risk assessment, which showed they would be able to use another GP practices defibrillator in an emergency, who were situated opposite to their practice. However, the practice were not able to provide us with evidence to show that neighbouring practice had agreed to this. The practice did have oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff told us that they 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice could not evidence how they monitored that these guidelines were followed. The practice could not evidence that they carried out risk assessments, audits or random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.9% of the total number of points available. The practice had higher exception reporting for mental health related indicators. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was comparable to the national average. For example, 73% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 70% for CCG average and 78% for national average.
- Performance for mental health related indicators was comparable to the national average. For example, 24 patients out of 40 with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 91% for CCG average and 89% for national average. The exception reporting was 44%, which was higher than the CCG average of 11% and national average of 13%. The provider was not able to tell us what they were doing to make improvements. The practice told us that nine patients were no longer on any medication for mental health therefore did not require a care plan. However, they were not able to correctly input this information into their computer system.
- Performance for dementia related indicators was comparable to the national average. For example, 22 out of 24 patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, compared to 83% for CCG average and 84% for national averages.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements were made and implemented. For example, we saw that the practice had carried out an audit based on prescribing initiatives set by the CCG. The practice audited the number of patients on Movicol, a laxative, in October 2015 and changed them to Cosmocol, another laxative with the same clinical effectiveness as Movicol but is more cost effective. The practice carried out a second audit in January 2016 and found 27 out of the 29 people changed onto Cosmocol remained on this medicine.
- The practice participated in local audits and national benchmarking.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could

Requires improvement

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at monthly CCG meetings.

- The learning needs of staff were identified through 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 and clinical supervision and facilitation. Staff had records of appraisals within the last 12 months.
- Staff received training that included: fire safety awareness, basic life support and infection control. However, staff had not received training in information governance. Staff had recently gained access to e-learning training modules and the practice management team told us it was staff responsibility to complete relevant 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, medical records and investigation and test results.
- We reviewed 14 patient records and found that nine patient files did not have records of up to date care plans documented.
- 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. Clinical staff had not completed training on the Mental Capacity Act 2005, however they told us they had covered this as part of their safeguarding training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG but lower than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 87% and five year olds from 79% to 86%.

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

Good

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.

All of the 18 patient Care Quality Commission comment cards we received were positive about the care received in the practice. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 17 patients on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Results from the national GP patient survey showed patients satisfaction with GP consultations were lower than the CCG and national averages, for example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

The GPs told us that they were now printing off care plans or results from the computer prior to appointments with patients to reduce the need of GPs looking at the computer screen and to be able to spend more time speaking to patients.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed when compared with local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.`

On the day of inspection the practice were not able to evidence what they were doing to make improvements to patient experience in the practice.

Good

Are services caring?

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. However, there were no notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice told us that they had identified four patients as carers (0.07% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Good

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.

- The practice offered extended hours between 6.30pm and 7.30pm Monday and Friday and 6.30pm to 7pm Tuesday and Wednesday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled and baby changing facilities and translation services available. There was no hearing loop for patients heard of hearing.

Access to the service

The practice telephone line was open between 8.30am to 1.30pm and 2.30pm to 6.30pm Monday to Friday. The practice doors were open from 8.45am to 1.30pm and 4.30pm to 7pm, except on Monday and Friday when the practice closed at 7.30pm. The practice was closed from 1pm every Thursdays. Appointments were from 9am to 12pm every morning between Monday and Friday. Appointments in the afternoon were between 4.30pm to 7.30pm on Monday and Friday and from 4pm to 7pm on Tuesday and Wednesdays. Extended hours appointments were offered four days a week, Monday to Friday with the exception of Thursday for 30 minutes. When the practice telephone lines were closed, telephone lines were directed to the out of hours services which were available during practice closure and weekends. 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 on the day.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, however they told us that waiting time were long. Patients told us that they would prefer if the practice could be accessed all day as they found it inconvenient to contact the out of hours as there was a lack of continuity of care. Three comment cards also supported these views.

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. GPs would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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.
- We saw that the practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that some information was available to patients about how to complain in the patient information leaflet. This requested patients to contact the practice manager.

We looked at five verbal and written complaints received in the last 12 months and found these were dealt with in a timely way and that patients were either given a verbal or written apology. We saw some examples of improvements

Good

Are services responsive to people's needs?

(for example, to feedback?)

made as a result of individual concerns and complaints, however improvements could be made for learning outcomes. For example, we saw that a complaint had been raised about reception staff rushing patients on the telephone to attend to patients on the reception desk. We saw that the practice manager had spoken to reception staff and staff were advised to apologise to people waiting in the reception until the call was completed. The practice did not identify any training for reception staff or address the need for more staff during peak times in the practice to better manage telephone queries and patients waiting at the reception desk.

Are services well-led?

Requires improvement

(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 and staff knew and understood the values.
- The practice did not have a documented strategy or supporting business plan to reflect the vision and values.

Governance arrangements

The practice had a governance framework, which supported the delivery of good quality care. However there were areas that required improving, including:

- While some audit and data collection was carried out, there was no programme in place for continuous clinical and internal auditing to be used to monitor quality and to make improvements.
- There were no systems in place to monitor or manage staff training. The management team had no oversight of the training requirements for individuals to carry out their roles and lacked any record keeping.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of legionella.
- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- On the day of inspection there was a lack of evidence to show that the practice maintained a comprehensive understanding of the performance of the practice.

Leadership and culture

They told us they prioritised safe, good quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal or written 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff.

- The practice had gathered feedback from complaints and compliments received from patients and through the national GP surveys. The practice told us that they had a virtual patient participation group (PPG) and we saw information in the waiting area to recruit patients for the PPG. However, the practice could not evidence how the virtual PPG had influenced any improvements in the practice.

- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management . For example, staff told us that they had suggested that all GPs initial any letters they reviewed before these are given to administration staff to process further. This was to help administration staff to address any queries

Are services well-led?

Requires improvement

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

related to individual letters directly with that GP providing a quick and easy audit trail. Staff told us they felt involved and engaged to improve how the practice was run.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not have systems and processes in place to monitor and improve the quality and safety of the services provided to patients. The provider did not have arrangements to monitor role specific staff training. The provider did not have systems in place to manage repeat prescriptions. The provider failed to implement a programme of quality improvement including audits to show improvements in patient outcomes. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider failed to provide staff with statutory training and other mandatory training necessary for staff to carry out their roles, including safeguarding, infection control and information governance. The practice did not monitor or take appropriate action quickly when training requirements were not being met. This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The provider had failed to ensure that necessary pre-employment checks had been completed on staff. The provider failed to risk assess staff needing a DBS check to carry out chaperoning duties. This was in breach of regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.