

Dr Tirunelveli Ashok Kumar

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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Dr Tirunelveli Ashok-Kumar's Surgery also known as Highwoods Surgery on 29 July 2015. The practice was rated as requires improvement overall. Specifically they were rated as good for caring services, inadequate for safe, and requires improvement for effective, responsive, well-led services.

In particular, on 29 July 2015, we found the following breaches of the regulations at the practice;

- Medicines were not stored appropriately.
- Systems to identify or monitoring risks were ineffective and not mitigated.
- Staff were unaware how to report potential safety incidents or act when they occurred.
- The practice nurses and healthcare assistant were not authorised to administer some vaccinations nor had appropriate training and competency checks to administer them safely.

- Infection prevention and control procedures required strengthening; this included cleaning, environmental checks, and audit.
- Governance systems or processes insufficient to assess monitor and improve the quality and safety of the service.
- Staff lacked understanding regarding the reporting, and investigation of significant incidents. They did not share incident findings or learning with staff members.
- There was no system to processes, record, or investigate complaints and share findings and lessons learned with staff members.
- There was a lack of monitoring and assessing the quality services and patient outcomes at the practice, this included acting on patient feedback.

As a result of our findings at the inspection we issued the provider requirement notices and told the provider they

Summary of findings

must send a report to the CQC that stated what action they were going to take to make the required improvements. This related specifically to the following regulations;

Regulation 12 – Safe care and treatment.

Regulation 16 – Receiving and acting on complaints.

Regulation 18 – Staffing.

Regulation 17 – Good Governance.

Regulation 19 – Fit and proper persons employed.

Following the inspection on 29 July 2015 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the requirement notices we issued.

The report of the 29 July 2015 inspection was published in January 2016. When a provider is rated as inadequate for one of the five key domains or one of the six population groups it needs to be re-inspected no longer than six months after the initial rating was confirmed.

We therefore carried out a further comprehensive inspection at Dr Tirunelveli Ashok-Kumar's Surgery on 24 May 2016 to check whether the practice had made the required improvements from the July 2015 inspection and those contained within the requirement notices. We found that the required improvements had been made.

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

- Medicines were stored securely and only accessible to authorised staff members. Medicines seen at the practice were within the expiry date for use. Records showed us that medicines requiring cold storage were kept in refrigerators that were maintained and monitored daily to ensure medicines was stored at their optimum temperature.
- There was a system in place to identify risks and rated to show priority, likelihood, action required and learning. The system to assess risks included those associated with; premises, equipment, medicines, and infection control.

- Staff members knew how to raise concerns, and report safety incidents. The policy showed the practice complied with the requirements of the duty of candour. Safety information was recorded and any issues identified were shared with staff members.
- The nurses and healthcare assistant could evidence authorisation to administer all vaccinations provided for patients at the practice through guidance directives. They had received appropriate training and competency checks to ensure patient safety.
- The practice maintained satisfactory standards of cleanliness and hygiene. The infection control lead had received specific training and the policy in place met national and local guidance and legal requirements.
- The practice performed an audit and an annual statement setting out standards stated within their policy of quality and safety at the practice.
- There was a system to process, record, or investigate complaints and share findings with any lessons learned with staff members. Information regarding how to complain was available at the practice and in an easy to read format.
- The quality services and patient outcomes were monitored in practice meetings, and they acted on patient feedback to improve services.
- Patient care was planned and provided to reflect best practice using recommended current clinical guidance.
- Patient comments were positive about the practice during the inspection and told us they were treated with dignity and respect. Members of the practice patient participation group told us they were involved with practice development.
- There were urgent appointments available on the day they were requested.
- The practice had suitable facilities and equipment to treat patients and meet their requirements.
- The leadership structure at the practice was clear and understood by all the staff members.

The areas where the provider should make improvements:

Summary of findings

- Review all policies and procedures to ensure they are updated and meet current guidance and legislation.
- Increase efforts to identify patients that are carer's, currently the number identified were 34 this equated to 0.5% of the practice patient population.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was a system in place and staff members knew how to raise concerns, and report safety incidents, although better recognition of minor events would improve the current system. Incidents and lessons learned were shared with staff members in practice meetings.
- Staff members had received safeguarding training that was appropriate for their roles and kept patients and staff safe from abuse.
- Risks to patients were assessed documented, managed, and these included premises, equipment and the management of patient safety and medicine alerts, to ensure patient safety.
- Medicines were stored securely at the correct temperature with access only to authorised staff members.
- Clinical staff members were appropriately trained for tasks required of them and appropriate checks had been prior to commencement of employment.

Some policies and procedures needed to be updated with current guidance and legislation. Some lacked local clinical commissioning group and NHS England responsibilities.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data available to us from 2014 to 2015 showed patient outcomes were average for the locality.
- Data at the practice was reviewed during clinical and practice meetings to ensure staff members were aware of their quality outcome achievements.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Staff members could evidence the skills, knowledge and experience to deliver effective care and treatment in a primary care environment.

There was evidence of clinical audit with the information being used to improve patient outcomes.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the caring aspects of service provision as average in comparison with other practices in the local area.

Good



Summary of findings

- Data from the 'National GP Patient Survey' published in January 2016 showed patients rated the practice higher than other practices nationally for most aspects of care.
- Patients told us they were treated with compassion, dignity, respect, and were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect within the reception area and maintained patient information confidentiality.
- The practice identified patients who were carer's; the number identified was 60 showing the practice had recognised 1.3% of their patient population as carer's.

Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to improve to services locally.
- The practice offered its patients online access to request repeat prescriptions and appointments.
- A notice displayed information about how to complain, and there was further information on the practice website. Evidence seen showed they were well documented and staff members were involved with any learning recognised.
- The practice was adequately equipped to treat and meet patient's needs.
- Appointment times and availability were flexible to meet patient needs. Same day urgent appointments were available. Home visits and telephone consultations were provided as needed.
- Staff members had access to translation services to support patients who did not speak English.

Feedback from patients reflected that they had ready access to a GP, there was continuity of care and urgent appointments were usually available the same day.

Good



Are services well-led?

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

- The practice had an aim to deliver high quality care and promote good outcomes for patients. Staff members told us the aims of the practice had been discussed during a practice meeting.

Good



Summary of findings

- Staff members told us they were supported by GPs and the practice management.
- The practice had a number of policies and procedures to govern activity some of these still needed updating on the day of inspection, however the practice evidenced to us updated policies and procedures within 48 hours.
- Information was shared with staff members to ensure appropriate practice action and lessons from safety incidents were learnt.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice was actively setting up a patient participation group to provide the practice support with their patient opinions.
- There were documented arrangements to monitor and improve patient care and identify any risks.
- The practice had sought feedback from their staff members during appraisals and practice meetings to support developments and improvements at the practice. They had analysed the most recent GP survey and found areas of service that needed improvement.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for providing services for older people.

Examples of the care provided were:

- All patients in this population group had a named GP.
- Older people at the practice were provided with urgent access to appointments, and longer appointments could also be requested. The practice offered home visits for those with mobility or enhanced needs.
- The practice held a register of patients that were carers from this population group, they were supported with health checks and flu vaccination to protect their health.
- Information was shared with the out of hours provider computer system if consent to share information had been given. This ensured continuity of care if seen outside the practice core hours.
- Flu vaccination, pneumococcal and shingles vaccines were offered to patients over the age of 65 annually.
- Patients were followed-up and reviewed after hospital treatment or accident and emergency visits.
- Palliative patients were reviewed in regular multidisciplinary team meetings.
- Computer templates to avoid admission to hospital were used to plan care for this population group.
- The practice provided space for clinics to run at the surgery normally held at Colchester General Hospital, or at other outside health providers. This facility was made available for patients registered at the practice and from other surgeries in the area clinics were available for hearing tests, abdominal aortic aneurysm screening and urology.

There was a care advisor attached to the surgery that supported patients with their social needs, for example completing benefit forms, accessing services from the community for both medical and social needs and any specialist equipment needs.

Good



People with long term conditions

The practice is rated as good for providing services, for people with long-term conditions.

Examples of the care provided were:

- All patients in this population group had a named GP.

Good



Summary of findings

- The GP worked with relevant local health care professionals to support patients with complex needs.
- The practice delivered enhanced services to meet the needs of patients in this population group for example; warfarin testing, and hypertension monitoring.
- They also provided an in-house blood taking service and echocardiography (ECG).
- The practice held reviews for patients with long term conditions with a robust recall system.
- Patients in this population group had care plans documented in patient records and their homes for those with complex needs, and/or those seen by multiple healthcare agencies to ensure continuity of care. Consistent templates were used in the clinical system to ensure all patient treatments and progress could be monitored.

Appointments are used efficiently to ensure all tests, injections and reviews for patients are completed at one visit to the surgery where ever possible.

Families, children and young people

The practice is rated as good for providing services for families, children and young people.

Examples of the care provided were:

- A process to identify and follow up children living in disadvantaged circumstances had attended accident and emergency services or were at risk.
- Immunisation rates were average for all standard childhood immunisations compared with local surgeries.
- The national quality performance data showed the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years at the practice was 80% and nationally was 81%.
- Appointments were available outside of school hours, and extended hours to provide later appointments.
- Patients from this population group access to on-line repeat prescriptions requests and appoints.
- There was child health surveillance at the practice, and GPs attended child protection forums when available.
- There was a policy regarding Gillick competence and permission to inform / share with parents or carers if children under 16 attended the practice alone.
- A number of specific clinics were available for this populations group for example; family planning, weight management, smoking cessation, immunisations, ante-natal and wart removal.

Good



Summary of findings

Women's health and screening services that reflect the needs of this population group were provided.

Working age people (including those recently retired and students)

The practice is rated as good for providing services for working age people (including those recently retired and students).

Examples of the care provided were:

- Patients from this population group could order their repeat prescriptions and appointments on-line.
- Telephone consultations were available with doctors and nurses.
- A range of health promotional services such as smoking cessation, weight management, health checks, and flu vaccination clinics were available outside week day core hours.

A range of health promotion was offered, seen on notices and leaflets in the waiting/reception area.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances may make them vulnerable.

Examples of the care provided were:

- Longer appointments for patients with a learning disability.
- There were 63 patients identified as living with a learning disability, all these patients had been offered an annual learning disability check. There was a GP that had a special interest for learning disability and looked after these patients providing them a yearly health check.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children, they were also aware of their responsibilities. This included information sharing, documentation of safeguarding concerns and who to contact. Practice staff knew they could ask the safeguarding lead GP at the practice for advice if they had any concerns.
- Information was shared with the out of hours provider computer system if consent to share information had been given. This ensured continuity of care if seen outside the practice core hours.
- Home visits were offered to those patients unable to attend for routine or emergency care, including vaccination.
- Consistent template care plans were in place to support people from this population group.

Good



Summary of findings

- Residential care homes were visited on a weekly basis by the GP and the nurse visited monthly to undertake any blood tests that needed to be taken. The care homes all had an emergency telephone number to allow access to speak with a GP on a daily basis when required.

Currently the practice had identified 34 carer's this equated to 0.5% of their patient population.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health (including people with dementia).

Examples of the care provided were:

- The practice provided people experiencing poor mental health information about how to access support and voluntary groups in leaflet format in the reception area.
- Patients in this population group had their next of kin details and identified power of attorney on their records.
- Data from 2014-2015 showed:100%

The practice used consistent, clinical, good practice templates to ensure care plans and optimum treatment was in place to support people experiencing poor mental health (including people with dementia).

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 116 were returned. This represented a 42% return rate compared with a national return rate of 38%.

- 66% of patients found it easy to get through to this practice by phone compared to the local average of 73% and a national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 84% national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the local average of 84% national average of 85%.

We spoke with five patients on the day of inspection and they told us that staff members were polite and helpful. Three of the patients had been with the practice for a number of years and respected and valued the service they received at the practice. They also commented positively on specific areas of their care. The two recently

registered patients were very pleased with the new patient checks. All five patients said they were satisfied with the care they received and thought staff members were caring and considerate.

We received 35 completed care quality commission comment cards. These were overwhelmingly positive about the service patients received from both the clinical and administrative teams. Patients commented on the caring nature of staff and the ease at which the GP accommodated their requests for appointments or home visits. They had confidence in the professionalism and commitment of the staff to meet their health and welfare needs.

We spoke with staff at one care home that provided care to the elderly and people with physical and learning disabilities. The staff member spoke highly of the attentiveness of the practice team. They told us the reception staff members were polite and helpful, and the clinical team were sensitive, caring and responsive to patient's needs. They also said the clinical team always had time for patients, they explained options to patients and their families, made appropriate referrals and actively engaged in discussion to arrange and deliver co-ordinated care services to meet the patient's needs.

Areas for improvement

Action the service SHOULD take to improve

- Review all policies and procedures to ensure they are updated and meet current guidance and legislation.
- Increase efforts to identify patients that are carer's, currently the number identified were 34 this equated to 0.5% of the practice patient population.

Dr Tirunelveli Ashok Kumar

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.

Background to Dr Tirunelveli Ashok Kumar

Dr Tirunelveli Ashok-Kumar (Also known as Highwoods Surgery) is situated in North Colchester, Essex. The practice is one of 42 practices in the North East Essex Clinical Commissioning Group. The practice holds a personal medical services contract with the NHS.

There are approximately 6400 patients registered at the practice. The practice has one male full-time senior GP; they employ two locum GPs one male and one female. The GPs are supported by one nurse practitioner, two practice nurses, and a healthcare assistant. The administrative team were led by the practice manager, and included a secretary, and five further administrative and reception members of staff. Support staff members at the practice work a range of hours including full and part-time.

The practice opening hours are: 7am to 6.15pm on Mondays, 7am to 7.30pm on Tuesdays, 8.45am to 4.30pm on Wednesdays, 8.45am to 7.30pm on Thursdays, and 8.45am to 6.15pm on Fridays. The practice closes for a lunch-time period between 12 noon and 2pm. Consultations are held by GPs and nurses during these daily opening times. The practice has opted out of providing 'out of hour's' services to their own patients which is now provided by Care UK, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

The practice is registered to provide the following regulated activities: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. They hold directed enhanced services (DES); a DES is a service which requires an enhanced level of service provision above what is required under their core contracts. They hold a DES for; the childhood vaccination and immunisation scheme, influenza and pneumococcal immunisations, extended hours, facilitating timely diagnosis and support for people with dementia, improving patient online access, learning disabilities, risk profiling and case management, rotavirus and shingles immunisation and admission avoidance.

We previously carried out a comprehensive inspection at Dr Tirunelveli Ashok-Kumar (Also known as Highwoods Surgery) on 29 July 2015. The practice was rated as requires improvement overall. We issued the provider with requirement notices for improvement.

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 practice had previously been inspected on 29 July 2015 and issued with requirement notices. The latest inspection was planned to check whether the provider was 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 further rating for the service under the Care Act 2014.

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. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the regulation breaches stated in the requirement notices we had issued. We carried out an announced inspection on 24 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, secretary, practice manager, administrative assistants, and receptionists. We also spoke with five patients who used the service and a professional from a local care home.
- Observed communications between staff members, patients, carers, and family members.
- Reviewed practice survey results where patients had shared their views and experiences of the dispensing service.
- Reviewed staff records to check that; training, recruitment, and appraisals were undertaken appropriately.
- Reviewed practice policies and procedures.

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

Safety within the practice was monitored using information from a range of systems including the reporting and recording of safety incidents.

- The practice manager led on recording safety incidents within the practice. Staff members told us they knew who they should report to if they became aware of an issue, although better recognition of minor events would improve the current system.
- The practice carried out investigations of safety incidents and lessons learned were shared with staff members in practice meetings. This ensured actions taken to improve safety were embedded in the practice to minimise incident reoccurrence. We reviewed minutes of meetings held monthly where incidents had been discussed. We saw that those patients affected by incidents had received; appropriate communication, in a timely fashion. For example when the lift stopped halfway between floors and staff members were told a child was in the lift unattended, this was raised as a significant event. The event was easily resolved however during the practice review of this incident they made the decision to put a sign on the lift doors stating that children under the age of sixteen must be accompanied by an adult in the lift practice. We noted this notice was in place.
- The learning from incidents was reviewed and the learning shared with staff members to ensure improvements were put in place. The incident recording process followed 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).
- Safety alerts about medicines or patient safety were received by the practice, reviewed, shared with the staff team, and acted upon appropriately. When alerts required the review of patients' medicine or a medicine change when indicated we found evidence this had been undertaken. The practice monitored the safety alert reviews to ensure that their system was effective.

Overview of safety systems and processes

The practice had procedures and policies to safeguard patients from abuse, which included:

- A policy that reflected legislation and local requirements, that was accessible to all staff members and outlined who to contact about safeguarding concerns. On the day of inspection this policy was undergoing review. We were provided with a current up-dated policy to show this work had been undertaken within 48hours of the inspection.
- There was a GP lead for safeguarding at the practice and GPs and nurses had achieved level 3 training.
- GPs attended local safeguarding meetings whenever possible. When required they provided reports for other agencies.
- Staff members were able to explain their understanding and responsibility concerning both children and vulnerable adults to ensure patients were safe from abuse. Staff members had received training relevant for their role.
- Chaperones were available for patients during consultations; there was a notice in the waiting room that advised patients they were available. Staff who acted as a chaperone had received training for the role and 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).
- Appropriate standards of cleanliness and hygiene were seen and the practice nurse led on infection control. The practice had performed an audit of the checks and produced an annual statement setting out any work or actions to ensure standards are met as stated within their policy.
- Infection control audits being carried out and recorded, and regular checks to ensure the practice met the standards of cleanliness and hygiene.
- Clinical waste was disposed of appropriately and stored securely until it was collected.
- Medicines were stored securely, at the correct temperature, and were within their expiry date. Records showed medicines requiring cold storage were kept in

Are services safe?

refrigerators maintained and monitored daily in line with the practice cold chain procedure. Staff members knew what action to take in the event of temperature failure.

- Blank prescription forms; including those used in the printers for computer generated prescriptions, were stored securely and were tracked through the practice in accordance with national guidance.
- Arrangements for emergency medicines, and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance.
- We reviewed four sets of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the 'Disclosure and Barring Service'.
- The results for cervical screening were checked, and all the samples sent for cervical screening were followed up to check they had received a result. The practice also followed-up women who were referred as a result of abnormal results this process ensured patients screened received a safe service.

Monitoring risks to patients

- Procedures were in place to monitor and manage risks to patient and staff safety. There was a current health and safety poster and a policy available which identified local health and safety representatives.
- Electrical equipment seen had been checked to ensure it was safe to use and the practice held a service and maintenance contract to confirm it was working properly. The premises and equipment at the practice were appropriate for patients and adequately maintained.
- The practice fire equipment was suitable and had been checked to ensure it was safe. We saw evidence of a recent drill that the fire brigade attended. This showed staff members knew how to act and keep people safe in the event of a fire.

- There was a plan to monitor the number and mix staff members needed to meet patients' needs. The practice manager told us annual leave and staff sickness was factored into their planning.
- The practice had process in place to monitor medicines taken by patients that required extra and regular monitoring, including high risk medicines. There were systems in place to ensure the correct tests and checks were undertaken in accordance with the patient's needs.
- The practice demonstrated their understanding of control of substances that were hazardous to health (COSHH) used by the cleaner at the practice with information sheets in the cleaners cupboard.
- The safety of water at the practice was checked with regular legionella. (legionella is a term for a particular bacterium which can contaminate water systems in buildings)

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 could be used to alert staff should an emergency arise.
- Staff had received basic life support training and knew the location of the emergency equipment and medicines, which we checked and noted, were in date. There was oxygen with masks for adults and children, and a defibrillator available on the premises. There was also a first aid kit with an accident book available.

The practice had an up to date business continuity plan in place to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff members and connected utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice clinicians had access on their computer desktops to guidelines from National Institute for Health and Care Excellence (NICE) and used them for information, and /or research, to care and treat patients. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. This enabled clinical staff to understand clinical risks and gave them a clear, accurate and current picture to keep patients safe.

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 recently published data from 2014/15 showed the practice had gained 96% of the total number of points available and this was above other practices in the local area of 91% and above the national average 95% of the total number of points available. The practice exception reporting was 6% which was 2% below the local CCG practices and 3% below the England average. (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 QOF and (or other national) clinical targets.

Data from 2014/15 showed;

- Performance for diabetes related indicators was in line with the national average. The percentage of patients with diabetes, on the practice register, who had received the appropriate blood checks in the preceding 12 months, was 67% in comparison to 72% for the local average and 77% for the national average.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% which was higher than the local average of 77% or the national average of 78%.

- Performance for mental health related indicators was higher than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared with the local average of 88% or national average of 88%. The exception reporting was 0% for this indicator which showed an excellent outcome for patients. Exception reporting within the 'Quality and Outcomes Framework' (QOF) includes indicators of clinical areas, the concept of 'exception reporting' ensures practices are not penalised when, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The practice participated in local health audits with other local CCG practices. Those clinical staff members taking samples for patient cervical screening were audited this ensured their competency.

Effective staffing

Staff had received appropriate training, and had the skills, local knowledge, and experience, to deliver effective care and treatment.

- The practice had an induction process for new staff. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence and prepared them for their new role. It covered such topics as safeguarding, fire safety, and maintaining safety and confidentiality.
- Nurses that administered vaccinations and took samples for the cervical screening programme had received specific training; this included a regular audit to verify competence. Staff that administered vaccinations had access to on-line resources and discussed clinical practice performance at team meetings.
- We saw appraisals were used by management to identify staff training needs. We were told how staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff members we spoke with had received an appraisal within the last six months.

Are services effective?

(for example, treatment is effective)

- The training that staff had received included: safeguarding, basic life support skills and confidentiality. Staff members were able to access 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 and accessible to clinical staff members through the practices' patient record system and their intranet system.

- This included; medical records, investigative processes, communications, patient discharge notifications, and test results. A comprehensive library of patient information such as NHS patient information leaflets was available for staff member to print out for patients.
- When the clinicians referred patients to other services they shared relevant information appropriately and in a timely way.
- Staff communicated with multidisciplinary teams to meet the various needs of patients. Staff members worked together in the practice and with other health and social care services and service providers to understand, assess, and plan ongoing care and treatment for patients. This included when patients were referred to other services, or discharged from hospital.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance set out in their policy.

- Staff members knew the relevant consent and decision-making processes and had an understanding of the legislation and guidance; this included the Mental Capacity Act 2005. Staff members carried out assessments of capacity to consent in line with relevant guidance prior to providing care and treatment for children and young people.

- When mental capacity to consent to care or treatment was unsure, clinicians assessed patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may need extra support were well known at the practice and had their needs indicated on their records.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those requiring advice regarding their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to appropriate services.
- The practice's uptake for cervical screening was 80% which was comparable with the local practice average of 83% and the national average of 82%. There was a procedure in place to contact patients and remind them if they had not attended their cervical screening test. The practice also encouraged patients to attend other national screening programmes for example; bowel and breast cancer screening which were comparable with other CCG practices and national practice average data.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 94% and five year olds from 94% to 99%.

Patients had access to appropriate health assessments and clinical checks. These included new patient health checks, NHS health checks for people aged 40 – 74 and senior health checks. Appropriate follow-up appointments were made for any issues raised during health assessments and long term condition reviews.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that reception staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments was respected and maintained by the provision and use of curtains that encircled examination couches.
- Patients told us they were treated well, with consideration, dignity and respect and involved in the decisions made about their care and treatment. The patients we spoke with told us the staff members were extremely helpful.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk recognised when patients appeared distressed or needed to speak about a sensitive issue. We were told these patients could be offered a private room to discuss their issues or problems.

The five patients we spoke with said they were more than satisfied with the services provided at the practice and that their needs were being met. Results from the national GP patient survey published in July 2016 showed their satisfaction rates were higher in the majority of the areas measured as compared with local and national averages.

For example:

- 92% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% of respondents said the GP gave them enough time (CCG average 86%, national average 87%).
- 92% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 83% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 93% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 88% of respondents said they found the receptionists at the practice helpful (CCG average 86%, national average 86%).

Care planning and involvement in decisions about care and treatment

During the inspection five patients told us they felt involved in the decision making process during the care and treatment they received. They also told us they felt supported by staff and given sufficient time during consultations to make decisions about the choice of treatments available to them.

Results from the national GP patient survey showed satisfaction scores lower with GPs and higher for nurses:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).

91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Reception staff members told us they had access to translation services for patients who did not have English as their first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access support groups and organisations if they were a carer. The practice computer system alerted practice staff if a patient was also a carer so that carer's could be given extra consideration when being given appointments to ensure they could meet their caring responsibilities. Currently the practice had identified 34 carer's this equated to 0.5% of their patient population. The practice told us they were continuing to identify more carer's and offered these patients health checks and flu vaccines to monitor their health. There were posters and information in the reception area to support patients that were carer's to identify support.

Are services caring?

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and an invitation for them to meet with the GP. There was information for the bereaved in the reception area to provide people assistance.

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. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice offered access to patients from 7am two mornings each week through to 7.30pm two evenings a week with face to face and telephone consultations.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those patients with serious or urgent medical conditions.
- Patients were able to access travel vaccinations when needed.
- Translation services were available at the practice if needed.
- The practice had identified 63 patients living with a learning disability; all these patients had been offered an annual learning disability check.
- The practice held reviews for patients with long term conditions with a robust recall system. This entailed checking every month, writing to patients, and advising them to make an appointment. Some patients that needed a review lived in care homes which were visited on a weekly basis by the doctor and once a month by the nurse when required.

Access to the service

The practice opening hours were: 7am to 6.15pm on Mondays, 7am to 7.30pm on Tuesdays, 8.45am to 4.30pm on Wednesdays, 8.45am to 7.30pm on Thursdays, and 8.45am 6.15pm on Fridays. The practice closed for a lunch-time period between 12 noon and 2pm. Consultations were held by GPs and nurses during these daily opening times. The practice had opted out of

providing 'out of hour's' services to their patients which was now provided by Care UK, another healthcare provider. Patients could also contact the NHS 111 service to obtain medical advice if necessary.

- The GP consultation rooms and the patient toilet facilities were on the ground floor of the premises, and treatment rooms were accessible by lift on the first floor.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment comparable to other CCG and national averages:

- 78% of patients that responded were satisfied with the practice's opening hours compared to the CCG average of 77% (national average of 78%).
- 62% patients that responded said they could get through easily to the surgery by phone compared to the CCG average of 73% (national average of 73%).
- 77% of patients that responded said they always or almost always see or speak to the GP they prefer compared to the CCG average of 76% (national average of 76%).

The patients we spoke with on the day of inspection told us they were able to obtain an appointment when they needed one. The practice had discussed patients' satisfaction regarding the ease of getting through to the surgery by phone, and had developed an action plan to improve the service.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and concerns.

- Their complaints policy had been recently reviewed and recognised guidelines for GPs in England and local CCG requirements.
- The practice manager was the designated staff member that led and managed complaints.

We saw there was information available to help patients understand the complaints system for example; a notice in the reception area, and information on the practice website. We looked at one complaint that had been received in the last 12 months; this was found to have been dealt with in a timely manner, as described in their policy. Experiences learnt by the practice from concerns or complaints had been acted on and carried out to improve

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

patient care. Complaints were a standing item on the practice meeting's agenda, staff members told us they felt included and could learn from understanding concerns or complaints received at the practice.

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 mission statement was to provide the best possible treatment to their patients in partnership with other healthcare providers and deliver a professional service. We were told they aimed to be considerate and responsive to the needs of patients, and offer open communication to maintain standards and consistency in the service they provide.

The practice charter and zero tolerance information were displayed in the reception area and informed patients what they could expect from the surgery and GPs, and how the practice expected patients to behave.

Governance arrangements

The practice had an overarching governance framework of practice specific policies and procedures which supported the delivery of their strategy.

- Some policies were still in the process of being reviewed by the practice manager when we inspected. Staff members showed us they knew how to access the practice policies.
- The practice had a comprehensive understanding of the practice performance which they discussed at the monthly practice meeting with all staff members to support them to improve their patients care and outcomes. The practice used the national GP patient survey to develop an action plan to make two changes at the practice, for example:
- Although the result was comparable with regards to the practice opening hours with other local practices they felt this could be improved. They extended their opening hours on two mornings per week to start at 7am with a GP and nurse covering the sessions. This gave the practice an extra 28 appointment each week to be booked.
- Only 62% of patients said that it was easy to get through to the surgery in comparison to 73% locally which the practice felt needed to be improved. The practice had plans in place with the phone system supplier to trial

extra phone lines and had explored the feasibility of a call queuing system later in the year. They told us this would be a topic to be discussed at the next patient participation group (PPG) meeting for their opinion.

- Risks were well managed; rated, and documented, actions were seen to be taken to improve patient care.

Leadership and culture

The GP in the practice had local experience, capacity and capability to lead the clinical care and treatment at the practice. The GP and locum GPs were visible in the practice and staff members told us they listened to them and supported their views on any improvement suggestions. The GP encouraged a culture of openness and honesty and was aware of and complied with the requirements of the 'Duty of Candour' seen written in the practice safety events policy. The practice had arrangements and knew how to deal with notifiable safety incidents when they arose.

- Patients affected by a safety incident received an honest explanation with an apology when it was appropriate.
- There was a clear leadership structure in place and staff felt well supported by management.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated the openness within the practice. We were also told by staff members that they felt confident to raise any topics and felt supported when they did.
- Staff members said they felt respected, valued and supported, particularly by the practice manager 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. They used feedback gathered from their patient participation group to gather patient's opinions or suggestions.

- The practice monitored feedback from patients through the national GP survey. They had recently discussed two areas for improvement, one was already in place and the other was being planned for later in the year.
- The practice had gathered feedback from staff via staff meetings, appraisals and ad-hoc

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. They had a patient participation group (PPG) where they had discussed the issues from the inspection undertaken in July 2015 and how the PPG members could support the practice going forward. We saw improvement in area we had identified in the requirement notices which had given at the previous inspection.

During the inspection on the 24 May 2016 we found that staff members and the GP had been encouraged by the changes and improvements that had been made in the last ten months since the previous inspection. They told us they were motivated to continue with changes and actions to improve patient care and outcomes for the future at the practice.