Dr GC Chajed's Practice

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
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 GC Chajed's practice on 3 June 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice inadequate for providing safe, requiring improvement for effective, responsive services, and being well led. It was good for providing caring services.

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

- Staff did not always assess, monitor or manage risks to people who use the services.
- The policies or procedures for chaperone or repeat prescribing were not robust
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not been fully adhered to; patients had not had blood tests done within a stated time scale where identified by safety alerts.
- Although staff understood their responsibilities to raise concerns, and report incidents and near misses, safety was not sufficiently prioritised and there were inadequate systems in place to monitor and manage risks. There was no evidence of shared learning with staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Not all staff had received specialist training appropriate to their roles.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example, assessment of care needs and review of repeat medicines.
- Information was provided to help patients understand the care available to them.
- Same day appointments were usually available on the day they were requested.

Summary of findings

- The practice had limited formal governance arrangements.

The areas where the provider must make improvements are:

- Take action to address identified concerns with safe handling of medicines and monitor prescribing practice.
- Ensure replacement of essential emergency equipment (AED), and have a process to ensure the emergency drugs are checked and kept within the expiry date.
- Ensure a legionella risk assessment is completed for the building.
- Put systems in place to ensure all staff receive appropriate training, professional development, and regular supervision.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Formulate a clear vision for the practice and a strategy to deliver it. Ensure all staff know their responsibilities in relation to it.
- Ensure there is leadership capacity to deliver all improvements

The areas where the provider should make improvement are:

- Improve processes for making appointments.
- Ensure that significant events and complaints are a standing item on the practice meeting agenda.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. Although the practice carried out investigations when things went wrong, for example after a risk has been identified or a significant event had occurred, lessons learned were not communicated and so safety was not improved. Patients were at risk of harm because systems and processes were not always implemented in a way to keep them safe. For example, areas of concern included health and safety risks associated with the environment, management of unforeseen circumstances and dealing with emergencies. Staff were clear about reporting incidents, near misses and concerns. However, these were not recorded and lessons learned were not communicated to all staff and so safety was not improved. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, there were areas where improvements should be made. Although staff referred to guidance from National Institute for Health and Care Excellence (NICE); patients' needs were not always adequately assessed, and care was not planned and delivered in line with best practice. There was little evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Staff worked with multidisciplinary teams.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services. Some people who use the service, those who are close to them and stakeholders have concerns about the way staff treat people. The results of the national GP survey highlighted the practice was worse than average in a number of areas in comparison to other practices nationally. This included patients overall experience of their GP practice, being involved in decisions about their care and being treated with care and concern by the GP. Patients said they were treated with compassion, dignity and respect but they did not always feel involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. People find the appointments system difficult to use, including appointments not being available unless they are made at particular times of the day Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice was rated as requires improvement for being well-led. It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues. The practice had a number of policies and procedures to govern activity, but some important areas were missed, for example a chaperone policy, repeat prescribing policy. After the inspection we received copies of a chaperone and repeat prescribing policy, however there was no evidence that staff were aware of them or referred to them. Also they had not been adapted to the practice and had not been reviewed since 2012. Policies that were seen were limited in their scope and did not contain issue dates or review dates. Governance meetings were held every six months. All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.

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 inadequate for safe, and requires improvement for effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. However, the practice did not have adequate systems in place to monitor and improve patients' outcomes and identify risk.

People with long term conditions

Requires improvement

The provider was rated as inadequate for safe, and requires improvement for effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. However, the practice did not have adequate systems in place to monitor and improve quality and identify risk. There were no systems in place to ensure patients had their medication reviewed in a through and timely way.

Families, children and young people

Requires improvement

The provider was rated as inadequate for safe, and requires improvement for effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement 

The provider was rated as inadequate for safe, and requires improvement for effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

The age profile of patients at the practice was mainly those of working age, students and the recently retired but the services available did not reflect the needs of this group. Although there was an open access appointment system. They did not offer extended hours for working people and patients could not book appointments or order repeat prescriptions online. The practice could not produce data when we requested to enable us to assess the current uptake for both health checks and health screening.

People whose circumstances may make them vulnerable

Requires improvement 

The provider was rated as inadequate for safe, and requires improvement for effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

The practice held a register of patients with a learning disability. It had carried out annual health checks for people with a learning disability and 50% of these patients had received a follow-up. It offered longer appointments for people with a learning disability. The practice worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients had access to various support groups and voluntary organisations via referral at the practice.

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. Although some staff members were not aware of 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 inadequate for safe, and requires improvement for effective, caring, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The results of the national GP survey collated from January to March 2014 highlighted the practice was worse than average in a number of areas in comparison to other practices nationally. This included patients overall experience of their GP practice, being involved in decisions about their care and being treated with care and concern by the GP.

Data available from the NHS England GP patient survey results during 2013/2014 showed that the patients had reported below average for the CCG, views about the practice.

• 86% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.

• 89% said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and national average of 92%.

• 90% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.

• 78% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%

• 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.

• 84% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 86%.

We reviewed comments made on the NHS Choices website to see what feedback patients had given over the last year. There were 15 comments posted on the website in the last year, of these six contained positive feedback which included swift diagnosis and friendly staff. There were nine negative comments relating to difficulty getting through on the telephone and poor attitude of some of the staff. The practice had not replied to any of the negative comments, which showed that the practice, on these occasions, missed the opportunity to engage and listen to patient feedback to improve the quality of the service.

As part of the inspection we sent the practice comment cards so that patients had the opportunity to give us feedback. We received seven completed cards; the feedback we received was overall positive one card identified they were seen ten minutes past their appointment time; another card stated a difficulty in obtaining an appointment. On the day of the inspection we spoke with four patients two were also carers and/or family members, they described staff as caring, helpful and said their privacy and dignity was respected. However, patients told us that access to appointments and the length of time they waited to be seen by the GP on arrival at the practice needed to improve.

Areas for improvement

Action the service MUST take to improve

- Take action to address identified concerns with safe handling of medicines and monitor prescribing practice.
- Ensure replacement of essential emergency equipment, and have a process to ensure the emergency medicines are checked and kept within the expiry date.
- Ensure a legionella risk assessment is completed.
- Put systems in place to ensure that all staff receive appropriate training, professional development and regular supervision.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

Summary of findings

- Formulate a clear vision for the practice and a strategy to deliver it. Ensure all staff know their responsibilities in relation to it.
- Ensure there is leadership capacity to deliver all improvements.

Action the service SHOULD take to improve

- Improve processes for making appointments.
- Ensure that significant events and complaints are a standing item on the practice meeting agenda.

Dr GC Chajed's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr GC Chajed's Practice

Dr CG Chajed's practice is a GP practice based in the north east Basildon area within Basildon and Brentwood Clinical Commissioning Group. The practice is in purpose-built premises on the Clay Hill Road within walking distance for most patients, as their catchment area is limited. The practice provides NHS primary medical services through a GMS contract to 8600 patients in the local community.

The practice has two GP partners (both male) and two salaried GPs (both female). The nursing team includes two practice nurses and one health care assistant. There is an experienced team of management, administration and reception staff.

The practice is open from 9am to 1pm and 2pm to 6.30pm on weekdays except on Thursday when the practice closes at 1pm. GP appointments are available between 9am and 11.50 am, and between 2pm and 6.20pm. Nurse led appointments and clinics were also available. Routine appointments could be pre-booked up to three weeks in advance in person, by telephone, or online. Home visits and telephone consultations were available daily as required.

The practice is opted in to OOH. This service is delivered through a co-operative of practices.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

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 CQC at the time.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

Older people

People with long-term conditions

Detailed findings

Families, children and young people

Working age people (including those recently retired and students)

People living in vulnerable circumstances

People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information we hold about the practice and asked organisations that used the service to share what they knew. We carried out an announced visit on 3 June 2015. During our visit we spoke with three GPs, a practice nurse, a health care assistant and several administration staff. We spoke with four patients who used the service, talked with carers and/or family members and reviewed 18 patient records to evidence adherence to national patient safety alerts. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Inadequate

Are services safe?

Our findings

Safe track record

Safety concerns were not consistently identified or addressed quickly enough. For example, patient safety alerts were received by the practice manager and they were distributed via the practice internet to all GPs and nurses, however we saw evidence that two out of three medicine alerts viewed had not been implemented. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We were told and saw in minutes of meetings these were occasionally discussed but there was no formal collation or analysis of these events to identify trends which would lead to actions and further learning to ensure the practice improved their service over time.

Learning and improvement from safety incidents

The GPs had a system in place for reporting clinical significant events, however when we asked for the evidence of the investigations to view the process we were told all GPs maintained their own and kept their records at home. We were informed that the issues were brought to meetings but minutes we viewed did not have significant events as an agenda item. We were not assured that the practice was continually evaluating the service to drive improvement forward. However: staff spoken with on the day of the inspection, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so.

Patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at practice meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. However the practice were not able to evidence this as minutes we saw on the day did not have any discussions about safety noted.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP as lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example a patient with learning disability had not attended for two appointments and the practice made contact with the family to check on their welfare and to identify reasons for non-attendance. There was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority.

On the day of the inspection we asked to see the chaperone policy, (A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure). Correct procedures were being completed but staff were not aware of a policy. We were told one receptionist and all the nursing staff were trained in this role. Staff spoken with were aware of the responsibilities and role as a chaperone but stated they were not aware that if a chaperone was requested it would be documented in the patient's notes. We did not see a chaperone poster on the waiting room noticeboard or in the consulting rooms advising patients of the service. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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). After the inspection we were forwarded a copy of the chaperone policy that was dated November 2012, this policy had not been approved or reviewed since its creation.

The practice used a flagging system to identify all children and families who were on protection plans and who were looked after children (LAC) to ensure they were continuously assessed and monitored as required. Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including scanned copies of communications from hospitals. GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. All GPs we spoke with mentioned that the practice ensured vulnerable patients, child and families were seen by the named GP to ensure continuity. However in cases when this was not possible any GP or nurse who provided care to a child or vulnerable adult had the duty to inform the named GP.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medicine was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines except one, aspirin, were within their expiry dates. This was two months out of date. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by nurses using current directives that had been produced in line with legal requirements and national guidance. We saw a copy of directives from the Clinical Commissioning Group (CCG) and evidence that nurses had received appropriate training to administer vaccines. All vaccination batch numbers were recorded in the patient records to ensure that if an alert was raised on the vaccine they could easily identify patients who had been affected.

The system in place for the management of medicines which required regular monitoring in accordance with national guidance were not being fully adhered to. We requested a computer search of patients on their register that were prescribed a particular medicine requiring yearly blood tests. We found 216 patients had not had the required blood tests performed in the previous 13 months which was contrary to safety alerts issued by the Medicines & Healthcare products Regulatory Agency (MHRA). We were informed some were newly registered in the last three months. This suggested to us that they were not reviewing patients who had newly registered.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had an infection prevention and control policy that was in line with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. An infection control policy and supporting procedures were available for staff to refer to in the form of a handbook, which enabled them to plan and implement measures to control infection. The lead for infection control was one of the practice nurses who had undertaken further training to enable them to provide advice on the practice infection control policy. All staff received induction training on infection control specific to their role and annual updates thereafter which the practice manager monitored to ensure they were in date. Audits had been carried out for the last two years and any improvements identified were completed on time. Clinical practice meeting minutes showed the findings of the audits were discussed.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium which

can contaminate water systems in buildings). The practice manager and the infection control lead were unaware of the requirement for a risk assessment for legionella. We discussed this requirement and were informed they would commission one as soon as possible.

Equipment

Staff we spoke with told us they had sufficient quantities of equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly.

All portable electrical equipment was routinely tested and records we viewed reflected that this had been taking place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and blood/sugar testing equipment for patients with diabetes. Calibration testing had been booked for this year and was due to take place in the near future.

Staff told us that when equipment was running low an effective system was in place for re-order so they did not run out of important equipment. They said the practice was pro-active in ensuring they had the right equipment to do their job.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at five staff files and they contained evidence that 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 (These 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).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

Monitoring safety and responding to risk

The practice did not have evidence that systems, processes and policies were in place to manage and monitor risks to patients, staff and visitors to the practice. These would normally include regular checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice was not able to provide us with a health and safety policy.

Practice meetings showed discussion however there was no evidence of how the risk was to be mitigated and managed. The GPs informed us that risk was discussed at meetings; however we did not see evidence that identified risk was recorded centrally. This would enable the practice to identify themes and coordinate action plans throughout the practice. Risks associated with service and staffing changes (both planned and unplanned) would require to be included on the log. However meeting minutes we reviewed showed risks had been discussed at GP partners' meetings and within team meetings.

Arrangements to deal with emergencies and major incidents

Records showed that all staff had received training in basic life support. Some emergency equipment was available including access to oxygen. However there was no automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked the GP they confirmed that their AED had recently broken and they were in the process of ordering a new one. Emergency medicines were checked and we found one product had been out of date for two months. This was reported to the practice at the time of our inspection and the practice manager agreed to obtain a replacement.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified

included power failure, adverse weather and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke with three GPs and two nurses, on the day of our inspection. They could clearly outline the rationale for their approaches to treatment. They told us they were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with the GPs and nurses how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

The practice kept information folders that were easily accessible to staff through internet links with guidance from the National Institute for Health and Care Excellence (NICE), British Medical Journal (BMJ) and Department of Health (DoH), amongst others. We noted that the practice had nominated leads that were responsible for each clinical area and it was their responsibility to ensure that these were continually updated. The GPs told us that they used local guidelines and care pathways from the local Clinical Commission Group (CCG) and other directives to improve patient care.

The practice showed us data from the local Clinical Commissioning Group (CCG) of the practice's

performance for antibiotic and nonsteroidal anti-inflammatory drugs (NSAIDs) prescribing which compared well with other practices. Staff we spoke with were aware of the need to keep updated with guidelines in order to improve care. The practice used the Quality and Outcomes Framework (QOF) to measure their performance.

The GPs told us they led in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss new best practice guidelines, for example, response to two week referral for suspected cancer diagnosis. Our review of the clinical meeting minutes confirmed that this happened.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

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 86% of the total number of points available; with the practice Clinical Exception rate of 3% this is lower than the CCG average of 8% and national average of 9%. (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).

Staff undertaking the role of producing repeat prescriptions were not aware of a protocol but stated all staff were trained in the same way. When we asked the practice manager for the policy for repeat prescribing we were informed there wasn't one in place; this was not in line with national guidance. Staff spoken with stated they regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. We saw that the electronic recording system flagged up relevant medicines alerts when the GP was prescribing medicines. However we saw some patients had not had their medicine reviewed in a timely way. There was no evidence clinical checks for example blood pressure recordings or blood tests were being carried out to ensure medicine was effective and not damaging as identified in the MHRA searches we preformed and found 216 patients had been missed on receiving timely monitoring. The evidence we saw did not assure us that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The outcomes of patients care and treatment was not always monitored regularly or robustly. The practice was

Requires improvement

Are services effective?

(for example, treatment is effective)

unable to show us any clinical audits that had been completed. We were told GPs undertook audits but all records of this were kept at each GPs home. Therefore the results of audits were not always used effectively to improve quality

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets, It achieved 95% of the total QOF target in 2014.

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who were currently treated with an appropriate bone sparing agent was better to the national average
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was better to the national average.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. As a consequence of staff training and better understanding of the needs of patients, the practice had increased the number of patients on the register.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups for example patients with dementia or on the fragility register. The practice employed a nurse to review discharges and arrange home visits; sometimes with other professional for example social services or physiotherapy to ensure a holistic care approach.

Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw staff were up to date with essential training courses, such as annual basic life support and safeguarding adults and children.

The GPs were up to date with their continuing professional development requirements and all had either been revalidated or had a date for revalidation. (Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practise and remain on the performers list with NHS England.)

The practice nurses were registered with the Nursing and Midwifery Council (NMC). To maintain registration they had to complete regular training and update their skills. The nurse we spoke with confirmed their professional development was up to date and training records reflected this.

The clinical and non-clinical staff confirmed they had annual appraisals. They told us it was an opportunity to discuss their performance and any appropriate training they either needed or wanted to attend. A nurse told us they had been supported through the nurse prescribing course, which had been identified as part of their personal development plan (PDP). All the staff we spoke with felt they were well supported in their role and confident in raising issues with the practice manager or GPs.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those patients with complex needs. Procedures were in place to manage information from other services, such as hospitals and out of hours services (OOHs). Staff were aware of their responsibilities when processing discharge letters and test results. There were systems in place for these to be reviewed and acted upon where necessary by clinical staff.

The practice held monthly multi-disciplinary team (MDT) meetings to discuss the needs of palliative care patients. These meetings were attended by palliative care nurses and members of the district nursing team. In addition, other regular clinical meetings took place to discuss patients with complex needs which included those where there were safeguarding concerns. We saw minutes of some of these meetings.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to

Requires improvement

Are services effective?

(for example, treatment is effective)

enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the local A&E and out-of-hours services.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency. The practice had also signed up to the electronic Summary Care Record and planned to have this fully operational during 2015. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

All of the clinical staff had received training on the Mental Capacity Act (2005) to ensure that they were up to date with current guidance. The Mental Capacity Act (2005) is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff spoken with on the day stated they would always refer to a GP if they had any concerns. Two of the GPs had attended relevant training and were therefore aware of the Mental Capacity Act (2005). One of the GPs was also developing a policy to support staff. We saw that there were flow chart on the Mental Capacity Act that provided some guidance. All of the clinical staff we spoke with were able to demonstrate an understanding of Gillick competency when assessing children under the age of 16 and demonstrated their understanding of capacity assessments and how the principles would be applied in practice.

Health promotion and prevention

Information leaflets and posters were available in the patient waiting area relating to health promotion and prevention. This included health conditions and advice on choosing the most appropriate service for effective treatment and advice.

The practice offered advice and support in areas such as smoking cessation, weight management, travel advice and family planning. There were arrangements in place for NHS health checks for people aged between 40 years and 74 years.

The practice offered a full range of immunisations for children, flu vaccinations and travel vaccinations in line with current national guidance. Data showed the practice performance for all immunisations was above average for the CCG. Of the 18 recommended vaccinations 14 were above the CCG average and the measles, mumps and rubella (german measles) (MMR) at 24month, DTaP/IPV/Hib vaccine which protects children against diphtheria, tetanus, and whooping cough, at 24months attained 100% vaccination.

The practice offered cervical cytology screening. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% this was in line with national rate of 81%. The practice proactively followed up non-attendance and recalls. The practice provided 24 hour blood pressure monitoring, electrocardiogram (ECG) services and ultrasound services to support a more timely diagnosis for patients.

The practice had a procedure in place for new patients registering with the practice; this included completing a new patient medical assessment.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The patient survey and feedback to us identified that patients who used the service and those who were close to them had concerns about the way administration staff treated them. Patients completed CQC comment cards to tell us what they thought about the practice. We received seven completed cards on the day of the inspection and all were positive about the service experienced. However people spoken to on the day and results from the national patient survey 2013/2014 rated the practice below the CCG and national average for listening to concerns or having time to discuss more than one issue.

The evidence from all these sources showed patients were not always satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice, with exception to one question, was slightly below average for patients who rated the practice as good or very good. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 79% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 90% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 95% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.
- 63% would recommend this surgery to someone new to the area compared to the CCG average of 74% and national average of 78%.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private.

Care planning and involvement in decisions about care and treatment

The patient information we reviewed showed patients broadly rated the practice at or slightly below the CCG average about their involvement in planning and making decisions about their care and treatment. For example:

• 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.

• 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.

• 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

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

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to but felt sometimes there was not sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was mostly positive.

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

Requires improvement

Are services caring?

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day of the inspection told us staff were caring and provided support when required. Some of the comments on the CQC comment cards also reflected this. There was information available in the practice offering counselling services and advising patients/carers what to do in bereavement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice had recently employed a nurse to visit patients at their home post discharge from hospital for a welfare check and to update their personal care plans.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice provided a service for all age and population groups. Longer GP and nurse appointments were made for those who needed them, for example people with learning disabilities or long term conditions.

The practice had identified the need for a health care professional to do home visits. In conjunction with three local practices a qualified nurse had been employed to review and visit patients on their fragility register and to also visit patients recently discharged from hospital. The criteria for the visit included patients that were discharged from hospital and required an assessment; or were on the practice register for frailty also those with limited mobility and several long term conditions. The patient would be contacted by phone and arrangements for a visit would be confirmed. There was also multi-disciplinary working in place: arrangements for a physiotherapist or social services could be arranged to ensure joined up care was delivered.

Tackling inequity and promoting equality

The practice had recognised the needs of the different population groups in how they planned services. For example, the practice had systems in place which alerted staff to patients with specific needs or who may be at risk. The practice responded to the needs of the patients who were registered in a local residential care home and attended on a weekly basis.

There was good access to the building for people with physical disabilities and all patient areas and consulting rooms were on the ground floor. The patient areas were sufficiently spacious for wheelchair and pram access.

Staff told us they had access to translation services during consultations using language line (a telephone based system) for patients who did not have English as a first language.

Access to the service

We looked at the appointment system at the practice. We saw that appointments were available in advance as well as urgent appointments. Home visits were undertaken for those patients who were unable to attend the practice. Telephone consultations were available so that any patients who had urgent queries could speak to a GP or a Practice Nurse. Patients attending for annual reviews such as those with a learning disability were given a double appointment to ensure sufficient time was available.

The practice opening times were 9am to 6.30pm Monday to Friday except on Thursday when the practice closed at 1pm. The reception team showed us that some appointments were kept free each day to enable the practice to offer same day appointments. We saw that appointments were still available on the day we inspected and on other days in that week. Some patients we spoke with said they might have to wait for up to two weeks for a nonurgent appointment. We asked staff why this was. They said that this would normally happen if they were asking to see the principal GP who did not see patients every day. They also explained that the blocked same day appointments were for patients who needed to be seen on the day that asked for an appointment because it was for an urgent need. Those who did not need to be seen urgently might therefore have to wait until a day when pre-bookable appointments were available.

Staff told us that while most appointments were booked for 10 minutes, patients could request longer appointments if necessary.

Completed comment cards and discussions with patients on the day suggested that the practice should improve access to appointments and reduce the length of time patients waited to be seen by the GP on arrival to the practice. Our discussions with staff and some of the patients indicated that patients often came with multiple health problems and this contributed to the delay. There were no plans to discuss this with the patient reference group or the CCG to identify how they might be able to improve in this area.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Data from the national GP patient survey published in January 2015 showed 74% (CCG average 72%) of respondents found it easy to get through to the practice by telephone. The majority of patients we spoke with said they found it easy to get an appointment but had to wait longer to see a GP of their choice.

The national GP patient survey information we reviewed showed patients responded negatively to questions about access to appointments and generally rated the practice poor in these areas. For example:

- 52% were satisfied with the practice's opening hours compared to the CCG average of 75%.
- 61% described their experience of making an appointment as good compared to the CCG average of 73%.
- 48% said they usually waited more than15 minutes for their appointment time compared to the CCG average of 29%.
- 45% with a preferred GP usually get to see or speak to that GP compared to the CCG average of 61% and national average of 60%.
- 85% say the last appointment they got was convenient compared to the CCG average of 91% and national average of 92%.

Some of the patients we spoke with were dissatisfied with the appointment system and said it was frequently a challenge to use. They confirmed that they could see a GP on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking four weeks in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw information was available to help patients understand the complaints system both in the reception area and on their practice leaflet. We were shown a complaint from which we were told was completed at the time of a complaint being made. Not all of the patients we spoke with were aware of how to make a complaint but they told us they hadn't needed to make a complaint about the practice.

We looked at 12 complaints received in the last 12 months and found that they were dealt with satisfactorily and in a timely way. The practice did not have a process in place to review complaints annually to detect themes or trends. However, lessons learned from individual complaints had been.

We reviewed comments made on the NHS Choices website to see what feedback patients had given over the last year. There were 15 comments posted on the website in the last year, of these six contained positive feedback which included swift diagnosis and friendly staff. There were nine negative comments relating to difficulty getting through on the telephone and poor attitude of some of the staff. After the inspection the provider did not respond to our findings in a timely way. This has led to a delay in the report being published.

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 documented vision in their statement of purpose to deliver high quality, safe and effective services. This was to provide healthcare which is available to the whole population and create a partnership between patient and health profession; this will ensure mutual respect, holistic care and continuous learning and training However, not all the practice staff were aware or shared in this vision.

Governance arrangements

Records showed that some of the essential risk assessments had been completed such as fire and business continuity plans, where risks were highlighted measures had been put in place to minimise the risks.

The practice had not established a programme of clinical audits which could be used to monitor quality and systems to identify where action should be taken. In addition evidence from other data, including incidents and complaints were not being used to identify areas where improvements could be made. Also, there were no processes in place to review patient satisfaction or that action had been taken, when appropriate, in response to feedback from patients or staff.

The practice had a number of policies and procedures in place to govern activity and these were available to staff in paper form. We looked at some of these policies and procedures and found that they were limited in their scope and did not contain issue dates or review dates.

The GPs at the practice had various lead roles in areas such as diabetes, safeguarding and women's health. This provided the opportunity for staff to develop specialist knowledge and expertise. Data that we reviewed showed that the practice was on target to achieve its QOF for the current financial year 2014 to 2015.

Leadership, openness and transparency

The partners in the practice were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. All staff were involved in discussions about how to run the practice and how to develop the practice: the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

We saw from minutes that team meetings were held every month. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and were supported if they did.

Seeking and acting on feedback from patients, public and staff

We saw that the practice had acknowledged but not responded to feedback from patients which were on the NHS choices website.

There was a limited approach to obtaining the views of people who used services and other stakeholders. Feedback was not always reported or acted on in a timely way. The practice had gathered feedback from patients through the patient reference group (PRG), surveys and complaints received. The practice manager was unable to show us any results or actions agreed from surveys or feedback from NHS Choices.

Management lead through learning and improvement

The approach to service delivery and improvement was reactive and focused on short term issues. Improvements were not always identified or action not always taken. Where changes were made, the impact on the quality of care was not fully understood in advance or it was not monitored.

The approach to service delivery and improvement was reactive and focused on short term issues. Improvements were not always identified or action not always taken. Where changes were made, the impact on the quality of care was not fully understood in advance nor was it monitored. We found that there was some discussion of significant events and complaints with staff but we did not see evidence that the practice had a clear understanding of the range of issues that may need to be considered.

Learning from complaints was shared with staff to help learning and improvements. However, we saw that some complaints should have been investigated as significant events. We saw no evidence to show learning, reflection or

Are services well-led?

Requires improvement

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

actions taken to mitigate the risk of reoccurrence. There was evidence that teaching and training was encouraged and supported for example one of the nurses had been supported to complete the nurse prescribing course.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **We found the registered person did not have suitable arrangements in place for assessing risks relating to health and safety, infection control and safe management of medicines. Essential emergency equipment to be replaced. The practice requires a legionella risk assessment to be completed.** 12(1)(2)(g)(h)

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 **We found the registered person did not have effective governance, assurance and auditing processes to monitor the service; and ensure that records relating to the care and treatment of patients were fit for purpose.** 17(1)(2)(a)(b)(c)