

Dr N Niranjn's Practice

Quality Report

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Date of inspection visit: 11 and 18 May 2015
Date of publication: 29/10/2015

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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr N Niranjani's Practice on 11 and 18 May 2015. Overall the practice is rated as requires improvement.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, we found safety was not a sufficient priority. Information about safety was not always recorded, monitored, appropriately reviewed and addressed. Consequently there was little evidence of learning from events or action taken to improve safety.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. However, The practice handled complaints verbally with no supporting written documentation to aid learning, development and improvement.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure all significant events, complaints are recorded and there is evidence of learning from the event.
- Ensure an adult safeguarding policy is put in place and that non-clinical staff receive child protection, adult safeguarding training. Chaperone training needs to be provided for those staff acting as chaperones.
- Ensure all policies are up to date and relevant.

The provider should:

- Ensure that complaints are recorded appropriately; lessons are learnt and shared with staff.
- Ensure a Patient Participation Group (PPG) is established.
- Ensure a legionella risk assessment is undertaken.
- Provide a system for patients to book appointments online.
- Take action to improve immunisation rates for children.

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 inadequate for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. However, we found safety was not a sufficient priority. Significant events were not formally recorded and consequently there was no evidence of learning from events or action taken to improve safety. . Information about safety was not always recorded, monitored, reviewed and addressed. There was enough staff to keep patients safe. The practice had some systems in place to ensure patients were safe including processes to ensure medicines were correctly handled. However we found non-clinical staff had not undertaken child protection, safeguarding adults or chaperone training. Patients were treated in a clean environment and processes were in place to monitor infection control. Equipment was fit for purpose and maintained regularly. Practice policies were out of date including infection control, repeat prescribing and chaperone policies.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example, in the GP Patient survey 2014, 94% said they had confidence in the last GP they saw compared to the CCG average of 90% and national average of 95%. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. The practice used a translation service in consultations. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice only documented written complaints and there were no systems to learn from complaints.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity; however some were out of date. The practice held regular governance meetings. There were systems in place to monitor and improve quality however systems for recording risk and significant events needed development. The practice proactively sought feedback from staff and patients, which it acted on. The practice was re-forming its Patient Participation Group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Requires 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 provider was rated as inadequate for providing safe services and requires improvement for providing effective and well led services, with an overall rating of requires improvement. The concerns which led to these ratings apply to everyone using the practice, including this population group; therefore the population group is rated as requires improvement.

Nationally reported data showed that outcomes for patients were average for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Older patients are signposted to local exercise and slimming groups to help maintain their ongoing health.

Requires improvement



People with long term conditions

The provider was rated as inadequate for providing safe services and requires improvement for providing effective and well led services, with an overall rating of requires improvement. The concerns which led to these ratings apply to everyone using the practice, including this population group; therefore the population group is rated as requires improvement.

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. Patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The provider was rated as inadequate for providing safe services and requires improvement for providing effective and well led services, with an overall rating of requires improvement. The concerns which led to these ratings apply to everyone using the practice, including this population group; therefore the population group is rated as requires improvement.

Immunisation rates were low for all standard childhood immunisations. For example, the vaccinations given to under two

Requires improvement



Summary of findings

year olds ranged from 56.1% to 80.3%. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. 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, health visitors and school nurses.

Working age people (including those recently retired and students)

The provider was rated as inadequate for providing safe services and requires improvement for providing effective and well led services, with an overall rating of requires improvement. The concerns which led to these ratings apply to everyone using the practice, including this population group; therefore the population group is rated as requires improvement.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Evening extended hours appointments were available. The practice was in the process of developing online services including registering online and booking appointments. The practice had a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing safe services and requires improvement for providing effective and well led services, with an overall rating of requires improvement. The concerns which led to these ratings apply to everyone using the practice, including this population group; therefore the population group is rated as requires improvement.

The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for all of the patients on the learning disability register. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children; however no formal adult safeguarding training had been completed by non-clinical staff. Staff

Requires improvement



Summary of findings

were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours, however contact details were in need of review.

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for providing safe services and requires improvement for providing effective and well led services, with an overall rating of requires improvement. The concerns which led to these ratings apply to everyone using the practice, including this population group; therefore the population group is rated as requires improvement.

Eighty six percent of people experiencing poor mental health had received a care plan. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in 2014 showed the practice was performing in line with local and national averages. There were 95 responses which represents 2.1% of the practice population.

- 82% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and national average of 95%
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.
- 80% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.

- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.
- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 81%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were positive about the standard of care received. Patients were happy with the service provided by the practice and felt included in the treatment decisions. Patients commented that the practice was clean and the staff were welcoming.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all significant events, complaints are recorded and there is evidence of learning from the event.
- Ensure an adult safeguarding policy is put in place and that non-clinical staff receive child protection, adult safeguarding training. Chaperone training needs to be provided for those staff acting as chaperones.
- Ensure all policies are up to date and relevant.

Action the service **SHOULD** take to improve

- Ensure that complaints are recorded appropriately; lessons are learnt and shared with staff.
- Ensure a Patient Participation Group (PPG) is established.
- Ensure a legionella risk assessment is undertaken.
- Provide a system for patients to book appointments online.
- Take action to improve immunisation rates for children.

Dr N Niranjn's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector. It included a GP advisor who was granted the same authority to enter Dr N Niranjn's Practice as the Care Quality Commission (CQC) inspector.

Background to Dr N Niranjn's Practice

Dr N Niranjn's Practice (also known as Victoria Medical Centre) is a practice located in the London borough of Barking and Dagenham. The practice is part of the NHS Barking and Dagenham Clinical Commissioning Group (CCG) which is made up of 40 practices. It currently holds a General Medical Service (GMS) contract and provides NHS services to 4435 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice does not have a large older population (0.9%) and 48.6% of the population is under the age of 18. The practice is situated within a purpose built health centre. Consulting rooms are on two levels with a lift available for those patients with impaired mobility or who have young children. . There are currently five GPs (three male and two female), a practice nurse, clinical co-ordinator (who is also employed as a healthcare assistant), administrative staff and a practice manager.

The practice is open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday. Appointments are from 8.30am to 1pm every morning and 3pm to 6.30pm daily. The practice is closed for appointments on Wednesday afternoon where patients are directed to the out of hour's

provider. Extended hours surgeries are offered on Monday and Friday between 6.30pm and 7.30pm. The practice opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014. The practice had not previously been inspected.

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?

Detailed findings

- 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
- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 and 18 May 2015. During our visit we spoke with a range of staff (GPs, Nursing staff and administrative staff) and spoke with patients who used the service. We observed how people were being cared for and talked with patients and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice had some systems in place for reporting and recording incidents and near misses but we found they were not being used. For example, there was no evidence of any significant events being recorded in the past year. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system, but this was not being used. The practice stated that events were dealt with informally at the time and not recorded.

We reviewed one safety record that was on file. We were informed that safety incidents were discussed in informal meetings. We found no records of meetings where these incidents were discussed. For example, we were told that a verbal discussion was undertaken regarding a child that presented with recurrent chest infections and was later diagnosed with leukaemia. This was not recorded as a significant event by the practice. We were not provided with any further examples.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety alerts were printed by the GP lead and disseminated to all staff.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. A child safeguarding policy was accessible to all staff. The practice told us they used NHS policy guidance for the safeguarding of adults but we found there was no practice policy in relation to adult safeguarding. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. However we found that the external contacts sheet was dated 2013. There was a GP lead member for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities, however only clinical staff had received formal child protection and adult safeguarding training. A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. However non-clinical staff who acted as chaperones had not been formally trained for the role and could not fully describe the responsibilities of a chaperone. However they had received a disclosure and barring service check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments, weekly tests of the fire alarms were carried out and the practice undertook regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The last check was dated March 2015. The practice had not undertaken a legionella risk assessment.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken (last undertaken in March 2015) and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). A log of fridge temperatures was kept and was found to be up to date. Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. For members of staff that did not have a DBS check, an appropriate risk assessment was placed in the file.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff was on duty. The practice did not use bank staff but offered extra shifts to cover absence.
- We found that the practice policies and procedures with regard to infection control, child protection and prescriptions management were out of date and in need of review. All policies were dated 2013.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had oxygen with adult and children's masks which was maintained regularly. The practice did not have a defibrillator but had risk assessed to call the emergency services if necessary. However, the practice had not risk assessed the impact of not having a defibrillator on site. There was a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. This included monthly clinical meetings and case discussion meetings. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current published results were 80.7% of the total number of points available, with 5.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was lower than the CCG average of 88.6% and national average of 90.1% attaining 74.5%.
- The percentage of patients with hypertension related indicators was lower than the CCG average of 91.6% and national average of 88.4% by attaining 83.7%. .
- The dementia indicators were above the CCG average of 91.2% and national average of 93.4% attaining 100% of points available.

The practice was aware of these lower than average figures and was working to improve them.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits conducted in the last two years, one of these was a completed audit and showed where improvements were made to practice. An audit into the prescribing of antibiotics was undertaken in February 2014. This was to assess whether antibiotics were being prescribed appropriately for the condition the patient

presented with and whether the prescription had been appropriately recorded in patient records. It was found that 80% of prescriptions were issued appropriately with 86% recorded correctly in the notes. The audit was repeated in August 2014 where it was found that 90% of prescriptions were issued appropriately and 94% recorded correctly in the notes. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. The GPs had been revalidated in 2014.
- There were gaps in the training for non-clinical staff. We found that none of the non-clinical staff had received child protection or adult safeguarding training. Non-clinical staff who undertook chaperone duties had not been trained for the role.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We were provided with minutes of multi-disciplinary team meetings that took place on a monthly basis in which care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The practice had a written consent template that was filled out at the consultation with the GP. Where verbal consent was required for services such as coils and implants; a note was placed on the patient record by the GP or nurse. The practice assessed the risk of the procedure on the patient before proceeding.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

Patients were then signposted to the relevant service. Verbal advice was given to patients in regard to smoking cessation and the associated health issues. Referrals were made to local smoking cessation services. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 56.1% to 80.3% and five year olds from 44.5% to 64.2%. Flu vaccination rates for the over 65s were 68%, and at risk groups 65%. There was no comparable data available from the Clinical Commissioning Group (CCG). The practice was aware of the low results and was promoting these services within the practice. The practice worked with midwives and health visitors in the care of new mothers and their children.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice provided 20% of patients with an NHS health check. The practice was working on improving this figure through awareness literature. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Ninety five percent of patients on the Chronic Obstructive Pulmonary Disease (COPD) register had received a health check and 86% of patients on the mental health register had an agreed care plan. The three patients on the learning disability register had received an annual health review.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 29 patient CQC comment cards we received were positive about the service experienced, however three cards shared concerns that conversations can sometimes be heard at the reception desk. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice met the Clinical Commissioning Group (CCG) average for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and national average of 95%
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.
- 80% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.

- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment; however results were slightly below the local and national averages. For example:

- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and those identified on the register were being supported, for example, by offering health checks, flu vaccinations and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice provided a service to patients who had been victims of sex trafficking and domestic abuse, including referral services, which was identified as a local need.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who would benefit from these.
- Extended hours surgery was available on Monday and Friday evenings for the working population.
- The practice operated a GP led triage system to enable patient's faster access to appointments and to help reduce admissions to accident and emergency.
- Patients with chronic conditions were offered health advice and if appropriate a referral to exercise and slimming groups.
- Female patients are booked with an appropriate GP to meet their cultural needs.
- Patients were able to book an appointment with the same GP which provided continuity of care.
- The practice met with working age patients for opportunistic health intervention which enabled patients to identify health issues at an early stage so they were managed before they escalated.
- An NHS psychiatrist held a clinic for patients on the mental health register.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice provided a full sexual health and contraception service.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm every

morning and 3pm to 6.30pm daily. The practice was closed for appointments on Wednesday afternoon where patients were directed to the out of hour's provider. Extended hours surgeries were offered on Monday and Friday between 6.30pm and 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Patients were not able to book appointments on-line; however the practice were in the process of establishing the facility.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 61% of patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 63% of patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 37% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 54% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system was on display in the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at one written complaint received in the last 12 months and found this was satisfactorily handled and, dealt with in a timely way. We were informed that the practice mainly received verbal complaints that were handled informally and not recorded, therefore the practice were unable to learn from these.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver continuity and high quality care while promoting good outcomes for patients. The practice had a long term plan to run a joint primary and secondary care clinic. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. Staff informed us that the mission of the practice was discussed in practice meetings; however no minutes of meetings were available to confirm this.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had recently employed a new practice manager to develop the administrative systems of the practice.
- Practice specific policies were implemented and were available to all staff. However many were out of date including infection control. There was no practice policy for adult safeguarding.
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- Risks were not always dealt with appropriately. There was a lack of reporting and recording significant events, incidents and complaints.

The practice had named members of staff responsible for specific areas of governance, for example, safeguarding, infection control, complaints, clinical governance and training and the development of both staff and the practice.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. The practice employed a clinical coordinator who would manage the day to day issues of the practice while the GPs were in surgery. However we found that there was poor recording of complaints and significant events.

Staff told us that regular team meetings were held. 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 confident in doing so and felt supported if they did. However no minutes were taken at the meetings. Staff said they felt respected, valued and supported, particularly by the partners in the practice

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. The practice gathered feedback through the NHS friends and family test, NHS choices website and its annual patient survey which last took place in August 2014. The survey outlined telephone access and accessing appointments as areas for improvement. Since the survey took place the practice had employed additional staff in order to alleviate these issues. A telephone queuing system was also put in place.

The practice did not currently have a Patient Participation Group (PPG) as the previous group had ceased meeting in 2014 due to lack of membership. The practice was in the process of restarting the group and we saw evidence within the practice of recruitment literature.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were not in place to ensure compliance with the requirements in this Part. Significant events and incidents were not being recorded and used for learning. The practice did not have a practice specific adult safeguarding policy in place and policies, including infection control were in need of update.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice was not doing all that was reasonably practicable to mitigate risk within the practice by not providing child protection and adult safeguarding training for non-clinical staff. Non clinical staff that acted as chaperones had not been trained.