

# Dr KP Kashyap'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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Dr K P Kashyap's practice on 16 December 2015.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical staff members had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Not all long standing members of staff who acted as a chaperone had a Disclosure and Barring check and the risk of this had not been assessed, although these were applied for during the inspection.

The areas where the provider must make improvements are:

- Ensure the necessary pre-employment checks are carried out prior to employing staff members.

The areas where the provider should make improvement are:

# Summary of findings

- Ensure staff members have a DBS check or carry out a risk assessment on staff who have not been checked.
- Consider arrangements for the registering of patients at the practice that would accommodate the working population.

- Review systems for identifying Carers.

## **Letter from the Chief Inspector of General Practice**

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Long standing staff members who acted as chaperones did not have Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable), this had not been risk assessed, although these had been applied for by the end of the inspection.
- Clinical Staff understood their responsibilities to report incidents and near misses.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Clinical staff members had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff members.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was information available for patients in languages other than English.
- Conversations held in the reception area between reception staff and patients could be overheard.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy 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.
- There was a diabetes specialist nurse available in the practice once a month for patients with complex needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients could only register with the practice on a Monday and Friday between 10:00am and 12:00pm, which disadvantaged the working population.

Good



## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 and held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



# Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients identified as at risk of a hospital admission are discussed at a multidisciplinary meeting to put a preventative plan in place.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A diabetes specialist nurse was available once a month for patients with complex needs.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 92% compared with a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to local averages for all standard childhood immunisations.

Good



# Summary of findings

- The percentage of patients aged over six months but under 65 years in the defined influenza clinical risk groups that received the seasonal vaccination within the preceding 12 months was 62% compared with the national average of 58%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 whose notes record that a cervical screening test was performed in the preceding 5 years was 82%, which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered evening extended hours appointments and was a part of a local scheme that offers weekday evening and weekend GP appointments for those patients that could not attend during routine opening hours.
- The registration period for the practice was on a Monday and Friday between 10:00am and 12:00pm, which disadvantaged patients that worked during that period.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

**Good**





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Leaflets were available in a variety of languages.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 87% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 100% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in December 2015. The results showed the practice was performing in line with local and national averages. Three hundred and fifty survey forms were distributed and 116 were returned. This represented 3% of the practice's patient list.

- 76% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 63%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).

- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 66%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly, caring staff, two comment cards mentioned difficulty in getting an appointment.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. Three patients said they have difficulty getting through to the practice by phone.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure the necessary pre-employment checks are carried out prior to employing staff members.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure staff members have a DBS check or carry out a risk assessment on staff who have not been checked.
- Consider arrangements for the registering of patients at the practice that would accommodate the working population.
- Review systems for identifying Carers.

# Dr KP Kashyap's Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

### Background to Dr KP Kashyap's Practice

Dr KP Kashyap's Practice is located within a health centre in Romford and is a part of Barking and Dagenham Clinical Commissioning Group. There were 4147 patients registered with the practice.

The practice has one male and one female GP partner completing 14 sessions per week, one sessional female GP and one practice nurse completing six sessions per week. There is a practice manager, an assistant practice manager and four administration/reception staff. The practice operated under a General Medical Services Contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is open Monday to Friday 8:30am to 6:30pm, phone lines are open from 8:30am, appointment times were as follows:

- Monday 9:00am to 1:00pm and 4:30pm to 6:30pm.
- Tuesday 9:00am to 1:00pm and 4:30pm to 7:30pm.
- Wednesday 9:00am to 1:00pm and 4:30pm to 7:30pm.
- Thursday 9:00am to 1:00pm. Doors closed at 1:00pm.
- Friday 9:00am to 1:00pm and 4:30pm to 6:30pm.

The out of hours provider covers telephone calls made when the practice is closed.

Dr KP Kashyap's Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide surgical procedures, treatment of disease, disorder and injury, diagnostic and screening procedures and family planning.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This location had not previously been inspected.

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 December 2015. During our visit we:

- Spoke with a range of staff including GP's, nurses, practice manager and administration staff. We also spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out some analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw a completed significant event form about a patient who was given the wrong immunisation. We saw evidence that the practice contacted the manufacturer of the vaccine for information and advice, met with the patient and explained and apologised. We reviewed minutes of meetings where this had been discussed and actions agreed, which included sending the clinician on immunisation update training.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

Effective systems and processes at the practice was maintained.

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and GP's and nurses were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, but not all long standing staff had received a Disclosure and Barring Service check (DBS check) and relevant risk

assessments had not been carried out. (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). By the end of the inspection the practice provided us with evidence that they had submitted DBS applications for those members of staff.

- The practice maintained appropriate standards of cleanliness and hygiene. 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. Infection control audits were undertaken 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). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGD written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed nine personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification and references.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which identified local health and safety representatives. The practice had up to date fire risk assessments. The last fire drill had taken place in 2014. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

## Are services safe?

such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty, staff were required to book annual leave in advance to ensure that adequate staffing was available.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- Staff received annual basic life support training. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

### 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 97% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example The percentage of patients on the diabetes register with a recording of a foot examination and risk classification within the preceding 12 months was 92% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average with the practice at 86% and the national average at 84%.
- Performance for mental health related indicators was above the national average. For example, the percentage patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 100% compared to a national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review.
- Findings were used by the practice to improve services. For example, the practice carried out an audit which looked at patients taking bisphosphonates for osteoporosis or at risk due to taking steroids, who should also be taking calcium or vitamin D. The first cycle showed 19 patients not being prescribed calcium or vitamin D. The second cycle showed ten such patients, all of whom were not suitable for those medicines. As a result of the audit the practice put a new system in place that highlights on the clinical system when prescribing bisphosphonates that calcium or vitamin D should be considered.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for clinical staff members for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included attending updates. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meeting. All staff had received an appraisal within the last 12 months.
- We saw evidence that all staff had received basic life support training.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, patients with cancer, 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.
- Smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information displayed in the waiting area and for and ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 95% and five year olds from 90% to 96%.

Flu vaccination rates for the over 65s were 78%, and at risk groups 62%. These were also above national averages.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. However conversations between receptionists and patients in the open plan reception/waiting area could be over heard.

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

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 79%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 90%, national average 95%).

- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).
- 87% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

### Care planning and involvement in decisions about care and treatment

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

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 72%, national average 81%).
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.3% (10) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered condolences. This call was either followed by a patient consultation at a flexible time to meet the family's needs and/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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice signed up to the medicines waste campaign as a part of the prescribing incentive scheme to reduce medicines wastage and was the joint winner for overall savings made.

- The practice offered extended hours on a Tuesday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who have difficulty attending the practice.
- A diabetes specialist nurse was available at the practice once a month for patients with complex needs.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS, those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open Monday to Friday 8:30am to 6:30pm, phone lines were open from 8:30am until 6:30pm, appointments could be booked up to four weeks in advance and appointment times were as follows:

- Monday 9:00am to 1:00pm and 4:30pm to 6:30pm.
- Tuesday 9:00am to 1:00pm and 4:30pm to 7:30pm.
- Wednesday 9:00am to 1:00pm and 4:30pm to 7:30pm.
- Thursday 9:00am to 1:00pm. It did not re-open in the afternoon.
- Friday 9:00am to 1:00pm and 4:30pm to 6:30pm.

Patients were only able to register with the practice on a Monday and Friday between 10:00am and 12:00pm.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 59% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, there was a poster displayed in the waiting area and information was available in the practice leaflet.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we viewed a complaint from a patient who called the practice to make an appointment to be told that she was no longer registered with the practice. We saw that the practice contacted the patient explaining that it was NHS England that removed the patient from the practice list and gave an apology with the option of re-registering. We also saw minutes of meetings where this was discussed. It was agreed that patients should be asked for up to date contact details on every interaction with them to prevent failed contacts with patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles.
- Practice specific policies were available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

### Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of written correspondence and not verbal.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which did not meet regularly however we saw that as a result of the PPG the practice increased the number of GP and nurse appointments, which was reflected in their survey results.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, staff told us they felt involved and engaged to improve how the practice was run.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>Recruitment procedures were not established and operated effectively to ensure that persons employed are of good character. Not all staff had references on file and/or photo identification.</p> <p>This was in breach of regulation 19(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>