Dr Yella Sambasivarao

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We inspected this practice on 17 November 2014, as part of our new comprehensive inspection programme. The practice had not previously been inspected.

The overall rating for this service is requires improvement. The practice was rated as good in caring and responsive domains but requires improvement in safe, effective and well-led domains. The concerns which led to these ratings apply to everyone using the practice. The population groups were therefore rated as requires improvement.

Our key findings were as follows:

- Patients expressed high levels of satisfaction with the care and service they received.
- The practice had an experienced and established staff team who were committed to meeting patients' diverse needs.
- Patients were treated with kindness, dignity and respect.
- The practice was open and transparent when things went wrong. Although, a robust system was not in place for identifying and learning from safety incidents and significant events.
- Systems were generally in place to keep patients safe and to protect them from harm. However, robust procedures were not followed in respect of staff recruitment, infection control and chaperone duties.
- The appointment system was flexible, and enabled patients to access care and treatment when they needed it. A few patients reported difficulty at times in getting to see the GP.
- The systems for ensuring that patients were referred promptly to other services required strengthening.
- Not all clinical audits were used effectively to improve the outcomes for patients, and provide assurances as to the quality of care.
- The staff team were committed to improving the services for patients. Staff felt valued, supported, and

Summary of findings

involved in decisions about the practice. However, records were not available to show that all staff had received appropriate training and appraisal to carry out their work effectively.

- We highlighted areas where robust systems were not in place to drive improvements and monitor the quality of service. Arrangements were not in place to regularly seek patients' views in relation to the care and treatment provided.

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

Importantly, the provider must:

Ensure the information required by law is available in regards to staff employed to work at the practice.

Regularly seek patients' views in relation to the care and treatment provided, and have effective systems in place to assess and quality of services. To include recruitment procedures, infection control, clinical audit and minor surgery.

Ensure that all staff receive appropriate training, supervision and an appraisal.

Keep appropriate records in relation to the management of the regulated activities. To include staff training and appraisals, checks to ensure nurses and GPs remain registered to practice and staff immunity from Hepatitis B infection.

In addition the provider should:

- Ensure effective systems are in place for:

Identifying, recording and learning from safety incidents and significant events.

Referring patients promptly to other services.

Reviewing the appointment system and telephone response times to ensure it meets patients' needs.

- Carry out a Legionella risk assessment to identify possible risks in the water system, and measures that need to be in place to minimise the risks.
- Ensure all staff are competent to undertake their roles by;

Developing the induction programme to include sufficient information, which is relevant to specific staff roles.

Providing training for all staff on the Mental Capacity Act 2005, to ensure they understand the principles of the Act and the safeguards.

Providing training for relevant staff to enable them to carry out chaperone duties effectively.

Completing a robust appraisal and review of their learning and development needs**.**

- Ensure that arrangements are in place to enable people whose first language is not English, to access information about services.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

There were enough staff to keep people safe. The arrangements for ensuring that the practice was clean and adequately maintained required strengthening. The ground floor patient areas were due to be re-furbished in December 2014. The practice was open and transparent when things went wrong. However, a robust system was not in place for identifying, recording and learning from safety incidents and significant events. We found that systems were generally in place to keep patients safe and to protect them from harm. Although, robust procedures were not always followed in practice in respect of staff recruitment, infection control and chaperone duties. Following the inspection, we received written assurances that arrangements had been put in place to ensure that all staff knew what to do in the event of a fire.

Are services effective?

Requires improvement

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

Staff were supported to maintain and develop their skills and knowledge. The practice had an experienced and established staff team who ensured continuity of care and services. Staff knew their patients well and worked with partner health and social care services to meet their needs. Patients were involved in decisions and had agreed to their care and treatment. The systems for ensuring that patients were referred promptly to other services required strengthening. Clinical audits were completed. However, these were not always used effectively to improve the outcomes for patients, and provide assurances as to the quality of care. It was not apparent that certain minor surgery was delivered in line with current best practice, and that the practice had approval to carry out such procedures.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients described the staff as friendly and caring and said that they felt that they were treated with respect. Patients were involved in decisions about their health and treatment, and their wishes were respected. Staff supported patients to cope emotionally with their health and condition. Patients were supported to manage their own health and care and to maintain their independence, where able. Patients' privacy, dignity and confidentially were maintained; staff were respectful and polite when dealing with patients.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The services were planned and delivered in a way that met the needs of the local population. The practice had a small, established staff team, who ensured continuity of care and access to appointments. The practice was transferring to a new clinical system in February 2015, which would enable patients to book appointments on line. The appointment system was flexible, and enabled patients to access care and treatment when they needed it, although a few patients reported difficulty in getting to see the GP at times. There was a culture of openness and people were encouraged to raise concerns. Patients concerns and complaints were listened to and used to improve the service.

Are services well-led?

Requires improvement

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

Several patients told us they were asked for their views, and their feedback was acted on to improve the service. However, the patient participation group (PPG) had not been active, and the practice had not carried out a patient survey since 2012, leading us to question how the practice captured and acted on patient feedback.

Staff said that they felt valued, well supported, and involved in decisions about the practice. There was strong teamwork and a commitment to improving the care and services for patients but several aspects of the services were not well-led. Some systems were in place to assess and manage risks and to monitor the quality of services. However, there were areas where effective systems were not in place to drive improvements and oversee the services provided. For example, a business plan including plans for future development was not available. Practice staff did not monitor infection control or recruitment procedures, or carry out audits at regular intervals to provide assurances that policies were being followed. We were concerned about the quality and accuracy of records to support the effective management of the service.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as good in caring and responsive domains but requires improvement in safe, effective and well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of older people.

Older people were offered an annual health check and received continuity of care, as only one GP worked at the practice. Care plans were provided for patients over 75 years who had complex needs or were at high risk of harm or admission to hospital, to help avoid unplanned admissions to hospital. The practice kept a register of older people who were identified as requiring additional support, and monthly multi-disciplinary meetings were held to discuss patients' needs. Carers were identified and supported to care for older people. Home visits were carried out for elderly housebound patients.

People with long term conditions

Requires improvement

The practice is rated as good in caring and responsive domains but requires improvement in safe, effective and well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people with long-term conditions.

All patients were offered an annual review including a review of their medication, to check that their health needs were being met. When needed, longer appointments and home visits were available. Where possible, patient's long term conditions and any other needs were reviewed at a single appointment, rather than having to attend various reviews. Regular pain management clinics were held at the practice, to enable people on long term medicines to manage their pain effectively. Emergency processes were in place for patients who had a sudden deterioration in their health.

Families, children and young people

Requires improvement

The practice is rated as good in caring and responsive domains but requires improvement in safe, effective and well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of families, children and young people.

Summary of findings

Systems were in place for identifying and following-up children and young people who were vulnerable or at risk. Emergency processes were in place and referrals made for children and pregnant women who had a sudden deterioration in health. Vaccination rates were high for all standard childhood immunisations. The practice worked in partnership with midwives, health visitors and school nurses. A weekly mother and baby clinic was held at the practice. Appointments were available outside of school hours to enable children to attend. Young people had access to contraception and sexual health screening.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as good in caring and responsive domains but requires improvement in safe, effective and well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of the working-age people.

The practice provided extended opening hours to enable patients to attend on a Monday evening. Patients were also offered telephone consultations and were able to book non urgent appointments around their working day by telephone or on line. The practice offered a 'choose and book' service for patients referred to secondary services, which provided greater flexibility over when and where their test took place. NHS health checks were offered to patients aged 40 to 74 years, which provided an opportunity to review their health needs and to identify early signs of medical conditions. The practice also offered health promotion and screening appropriate to the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as good in caring and responsive domains but requires improvement in safe, effective and well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including people with learning disabilities. Patients with a learning disability were invited to attend an annual health review. Patients in vulnerable circumstances were discussed at

Summary of findings

monthly multi-disciplinary meetings to ensure they received appropriate care and support. When needed, longer appointments and home visits were available. Carers were identified and offered support, including signposting them to external agencies.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as good in caring and responsive domains but requires improvement in safe, effective and well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people experiencing poor mental health.

The practice held a register of patients experiencing poor mental health. Patients were invited to attend an annual health check. The practice worked with local mental health teams, counsellors and therapists to support patients' needs, and ensure that appropriate risk assessments and care plans were in place. An external agency held a regular surgery at the practice, which enabled patients to be treated locally. Patients were supported to access emergency care and treatment when experiencing a mental health crisis.

Summary of findings

What people who use the service say

Prior to the inspection, we received comment cards from 26 patients. During our inspection we spoke with four patients.

We also spoke with senior staff at a care home where patients were registered with the practice. They were complimentary about the services provided, and said the practice staff were responsive to patients' needs.

Patients expressed a high level of satisfaction about the care and services they received. They were involved in decisions about their treatment. However, six patients said that access to appointments to see the GP was difficult at times.

Patients said that the premises were safe and hygienic and that the facilities were accessible. However, one person told us that the seating in the waiting area was too low and not appropriate for their needs.

Patients described the staff as friendly and caring, and felt that they were treated with dignity and respect. They also said that they felt listened to, and able to raise any concerns with staff if they were unhappy with their care or treatment at the service.

The practice did not have a patient participation group (PPG) and had not carried out a patient survey since 2012, to obtain and act on patients' views to improve the service. A patient participation group are a group of patients who work with the practice staff to represent the interests and views of patients, to improve the service provided to them.

We looked at the 2014 national patient survey, which 78 patients completed. In most areas the practice scored higher than the Clinical Commissioning Group (CCG) average. For example, 88% described their overall experience of this surgery as good, 93% found it easy to get through to this surgery by phone, 92% described their experience of making an appointment as good and 91% were satisfied with the surgery's opening hours. The practice scored lower than the CCG average in the following areas: 83% of patients said that the last nurse they saw or spoke to was good at treating them with care and concern, 84% said that they were good at listening to them and 87% said that they were good at giving them enough time.

Areas for improvement

Action the service MUST take to improve

Ensure the information required by law is available in regards to staff employed to work at the practice.

Regularly seek patients' views in relation to the care and treatment provided, and have effective systems in place to assess and monitor the quality of services. To include recruitment procedures, infection control, clinical audit and minor surgery.

Ensure that all staff receive appropriate training, supervision and an appraisal.

Keep appropriate records in relation to the management of the regulated activities. To include staff training and appraisals, checks to ensure nurses and GPs remain registered to practice and staff immunity from Hepatitis B infection.

Action the service SHOULD take to improve

- Ensure effective systems are in place for:

Identifying, recording and learning from safety incidents and significant events.

Referring patients promptly to other services.

Reviewing the appointment system and telephone response times to ensure it meets patients' needs.

- Carry out a Legionella risk assessment to identify risks in the water system, and all measures that need to be in place to minimise the risks.
- Ensure all staff are competent to undertake their roles by;

Summary of findings

Developing the induction programme to include sufficient information, which is relevant to specific staff roles.

Providing training for all staff on the Mental Capacity Act 2005, to ensure they understand the principles of the Act and the safeguards.

Providing training for relevant staff to enable them to carry out chaperone duties effectively.

Completing a robust appraisal and review of their learning and development needs.

- Ensure that arrangements are in place to enable people whose first language is not English, to access information about services.

Dr Yella Sambasivarao

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP, practice manager and an expert by experience.

Background to Dr Yella Sambasivarao

Dr Yella Sambasivarao provides primary medical services to approximately 2,540 patients in the Hyson Green, Broxtowe, Carrington, Bilbourgh and Derby Road area of Nottingham. The practice provides a range of services including the treatment of minor injuries, minor surgery, family planning, maternity care, vaccinations and clinics for patients with long term conditions.

Dr Yella Sambasivarao is a single handed male GP who manages the practice; no other GPs work at the surgery. The staff team includes five administrative staff, a practice manager, a nurse practitioner and two practice nurses. All staff work part time.

The practice holds the General Medical Services (GMS) contract with the NHS to deliver essential primary care services. The practice opted out of providing the out-of-hours services to their own patients when the practice is closed. Information was available on the website and on the practice answer phone advising patients of how to contact the out-of-hours service outside of practice opening hours.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. The practice had not previously been inspected and that was why we included them. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

Prior to our inspection we reviewed information about the practice and asked other organisations to share what they knew about the service. We also spoke with three partner health and social care professionals who worked closely with the practice.

We carried out an announced visit on 17 November 2014. During our visit we checked the premises and the practice's records. We spoke with the nurse practitioner, a practice nurse, Dr Yella Sambasivarao, reception and clerical staff, and the practice manager. We also received 26 comment cards we had left for patients to complete, and spoke with four patients.

Detailed findings

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

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

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

- Older people
- People with long-term conditions
- 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)

Requires improvement

Are services safe?

Our findings

Safe track record

Patients told us they felt safe when using the service. Staff were aware of their responsibilities to report safety incidents and near misses. They told us that risks to patients were assessed and appropriately managed. The practice manager told us that there had been no safety incidents at the practice in the last 12 months. In the absence of records we were unable to determine if safety incidents were appropriately dealt with over a period of time.

A system was in place to ensure that staff were aware of national patient safety alerts (NPSA) and relevant safety issues, and where action needed to be taken. NPSA are managed by a central team in England, which forwards information about safety incidents to all NHS organisations to help ensure the safety of patients.

Learning and improvement from safety incidents

Staff told us that the practice was open and transparent when things went wrong. We found that a robust system was not in place for identifying, recording and learning from safety incidents and significant events. In the last 12 months three complaints and one significant event was recorded. Whilst the records showed that the events had been appropriately managed, we did not see evidence of learning or improvements needed to minimise further incidents. It was not evident that all incidents had been shared with the staff team.

The practice manager told us that there had been very few significant events in the last two years. However, we highlighted two safety incidents that the practice should have considered as a significant event but had not been recorded and reviewed as such. For example, an external audit undertaken in June 2013 highlighted that the vaccines were not stored at the correct temperature, resulting in them having to be replaced.

We noted that the events policy did not state what may be considered a significant event. Clinical staff we spoke with did not have a clear understanding of all incidents that could be considered a significant event, such as complaints or a new or delayed cancer diagnosis. They had not received training in identifying and recording significant events, which may account for the practice's low reporting of incidents and events.

Reliable safety systems and processes including safeguarding

Staff told us that they had received safeguarding training specific to their role. For example, the GP had completed level three training. Records showed that staff had received recent training in child protection, but not all staff had received training in safeguarding adults. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities to share information, record safeguarding concerns and contact the relevant agencies.

We saw an example of where the practice had followed the procedures and had made a referral to the children's safeguarding team in February 2014. The practice was informed of the outcome of this.

The GP was the lead for safeguarding and was aware of vulnerable children and adults registered with the practice. The practice worked with relevant professionals and partner health and social care agencies, to share essential information about vulnerable patients. Monthly meetings were held to discuss safeguarding issues, including children on a child protection plan, to ensure they were safe and protected from harm.

We saw that the practice's electronic records included an alert system to highlight vulnerable patients, including children and adults. This ensured that patients were clearly identified and reviewed, and that staff were aware of any relevant issues when they attended appointments, or contacted the practice. However, the alert system did not include new patients, as it often took several weeks before the practice received their health records, and any relevant safeguarding information.

The practice was transferring to SystmOne in February 2015, which is a centralised clinical system. This will enable most patients' records to be transferred electronically from their previous GP in a timely way. The practice manager agreed to ensure that an interim system was in place to highlight new vulnerable patients.

A notice was visible in the waiting area and consulting rooms, informing patients of their rights to have a

chaperone present. A chaperone policy was available to staff, although this was not specific to the practice. The policy referred to the need for all chaperones to understand their role and be competent to perform this. It was not evident that all relevant staff had received appropriate guidance or training to carry out chaperone duties effectively, including where to stand to be able to observe the examination.

Certain non-clinical staff carried out chaperone duties. Records showed that the practice had recently applied for a disclosure and barring (DBS) check for all non-clinical staff. A DBS check helps prevent unsuitable staff from working with vulnerable people, including children. The practice manager agreed to ensure that non-clinical staff did not carry out the above duties, until a satisfactory DBS check had been obtained and they had received appropriate guidance.

We saw that patients' individual records were managed in a way to keep people safe. The practice's electronic system held essential information about patients' health and welfare securely.

Medicines management

Patients told us that the system for obtaining repeat prescriptions generally worked well, to enable them to obtain further supplies of medicines.

Systems were in place to ensure that medicines were managed safely and appropriately. We found that medicines were stored securely. Policies and procedures were in place to protect patients against the risks associated with the unsafe use of medicines. For example, regular checks were carried out to ensure that medicines were within their expiry date and appropriate for use. All the medicines we checked were in date. Expired and unwanted medicines were disposed of in line with waste regulations.

There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Staff followed the policy.

We saw that arrangements were in place to ensure that the prescription forms were kept secure. The reception staff asked set questions of patients to ensure the security of prescriptions being collected.

A system was in place to oversee the management of high risk medicines. The practice worked with the Clinical Commissioning Group (CCG) medicines team, to ensure that patients' medicines were managed safely. A member of staff from the medicines team regularly visited the practice and carried out audits, to check that medicines were prescribed appropriately.

Cleanliness and infection control

Several patients told us they always found the practice clean and had no concerns about cleanliness.

The practice manager was the lead person for infection control. A policy was available to staff, which covered essential aspects of infection control. However, this was not being followed in practice. We saw that certain areas of the premises that were visibly not clean, including carpets in patient areas. There was no record of when the carpets were last cleaned and it was not evident that the cleaning schedules were being consistently followed to ensure that the practice was hygienic.

Items of cleaning equipment required renewing in order to minimise the risk of infection. Most of the daily cleaning sheets displayed in the clinical rooms had not been completed for two weeks. This did not support that cleaning tasks had been carried out in an effective and timely manner. The curtains in the clinical and treatment rooms were cotton. Some curtains we checked were not visibly clean and hygienic. The practice manager could not recall when they were last cleaned or changed, and records were not available to show this.

Areas of the practice required refurbishment. The practice manager confirmed that no areas had been re-furbished in the last five years. However, the ground floor patient areas were due to be re-furbished in December 2014; which the practice and the Clinical Commissioning Group were funding. The refurbishment programme included replacement of the carpets, seating and curtains. Following the inspection, we received written assurances that a robust cleaning schedule would be put in place, which would be monitored.

Records were not available to show that the practice or the cleaning provider carried out regular audits to monitor the standard of cleanliness, and ensure that appropriate practices were being followed. Following the inspection, we were sent a copy of an independent infection control audit, which was completed in June 2013. The practice achieved

an overall score of 77%. Various actions set out in the action plan stated that they would be completed as part of the planned refurbishment programme. These had yet to be completed at the time of our visit.

Staff told us that they had received training on infection control and hand washing. The records we looked at did not show that all staff had received recent training. Staff had access to the relevant procedures and personal protective equipment. This included disposable gloves and aprons, to enable the staff to apply infection control measures. However, suitable spillage kits for cleaning vomit or diarrhoea were not available to ensure they were cleaned appropriately. The practice manager agreed to obtain a supply of the kits.

We checked various stock supplies of clinical and medical items; all items were in date. Records showed that relevant staff checked the supplies at regular intervals to ensure they remained in date and were sealed, where required to ensure they were appropriate to use.

The practice had a policy relating to the control of Legionella, which is a bacteria found in the environment which can contaminate the water systems in buildings. Records showed that some regular checks were carried out to help reduce the risk of Legionella. However, a risk assessment had not been completed to identify actual risks within the water system, and all measures that needed to be in place to minimise the risks. In the absence of a completed risk assessment, the practice could not be assured that the checks being carried out were sufficient to help reduce the risk of Legionella

The policy relating to staff immunisation stated that all health workers at risk of exposure to Hepatitis B infection, which could be acquired through their work should be immunised against this**.** However, records were not available to show that all relevant staff had been advised, immunised and were protected from Hepatitis B. Following the inspection, the practice manager assured us that she was obtaining records to show that all relevant staff were protected from Hepatitis B. The provider will be required to provide evidence of this.

Equipment

Clinical staff we spoke with confirmed that all equipment was safe to use, and that they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Records showed that equipment was regularly tested and maintained, including items requiring calibration such as weighing scales.

Staffing and recruitment

We found that robust recruitment procedures were not followed in practice, to ensure that new staff were suitable to carry out the work they were employed to do. The recruitment procedures stated that applicants completed an application form. However, two staff files we checked included a copy of their curriculum vitae (CV), which contained varying levels of information to support the recruitment process, and their suitability to work at the practice.

Both staff files we reviewed did not include all the information required by law and could not be produced when requested. For example, a full employment history, together with a satisfactory explanation of any gaps in employment, proof of identity including a recent photograph and satisfactory information about any mental health conditions relevant to the person's ability to carry out their work.

One person's file contained one reference as evidence of their conduct in previous employment, although this was not from their last employer. There was no record or assessment as to why the practice had not requested a reference from their last employer.

A policy for checking nurses' and GPs' qualifications and registration to practice was available. The practice manager assured us that she carried out appropriate checks, to ensure that the nurses and the GP were registered to practice with their relevant professional bodies. However, full records were not available to demonstrate this in practice.

Most of the staff had worked at the practice a number of years, which ensured continuity of care and services. The practice manager told us that the staff team covered each other's absences to ensure sufficient staff were available to meet patients' needs. Other GPs who were known to the practice covered when the one GP was off work.

Monitoring safety and responding to risk

We found that the practice had systems in place to identify and monitor various risks to patients, visitors and staff. For

example, the equipment was regularly tested and maintained to ensure it was safe to use. The practice had a health and safety policy, which staff had access to. The practice manager was the health and safety representative.

Staff were able to identify and respond to risks to patients including deteriorating health and well-being or medical emergencies. For example: For example, emergency procedures were in place to deal with patients that experienced a sudden deterioration in health.

Arrangements were also in place for patients experiencing a mental health crisis, to enable them to access urgent care and treatment. Processes were also in place to deal with pregnancy complications and acutely ill children and young people. The practice also monitored repeat prescribing for patients receiving high risk medicines.

Arrangements to deal with emergencies and major incidents

The practice had a business continuity plan, which covered a range of emergencies that may impact on the safe running of the practice. A fire safety risk assessment had been completed, which set out actions required to maintain fire safety. However, arrangements were not in place to ensure that all staff knew how to evacuate the premises and what to do in the event of a fire. For example, regular fire drills were not carried out and there were no designated fire marshals to assist during a fire evacuation.

Following the inspection, we received written assurances that fire safety issues were being addressed. Staff attended refresher fire training on 23 October 2014. Three fire drills were planned, and fire marshals had been appointed and were due to attend training in January 2015.

Staff we spoke with said that they had received emergency life support training, and were able to describe the action they needed to take in the event of a medical emergency. They had also received training to use the emergency equipment. Following the inspection, we received assurances that the non-clinical staff received the above training in Feb 2012, and that they received refresher training every three years. Records were not available to show that one of the clinical staff had attended annual refresher training. The practice manager was addressing this issue.

The clinical staff said that they had access to sufficient equipment to deal with emergencies. We saw that some essential emergency equipment was available including oxygen, a nebulizer and airway equipment for adults and children. A system was in place to oversee that the equipment was in date and appropriate to use.

The practice did not have access to emergency equipment such as a defibrillator, which may be used to attempt to restart a person's heart in an emergency. The clinical staff told us that they had not had any medical emergencies, requiring such equipment. They assured us that they had assessed the risk but this was not recorded.

The clinical staff had access to some emergency medicines to use in the event of a sudden deterioration in patients' health. They did not carry any medicines when visiting patients in their home.

The GP told us that they continued to review essential medicines and equipment they needed to keep at the practice. This took into account the location of the inner city practice, the nearby community pharmacy, patients' needs and where they lived and access to emergency services. Records were not available to show that the above factors had been assessed and taken into account, in determining essential emergency equipment and medicines the practice needed to keep.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients we spoke with told us they received appropriate care and treatment. Comment cards we received from patients, and feedback from senior staff at a care home where patients were registered with the practice also supported this.

Clinical staff said that they received updates relating to local guidelines and current best practice from their Clinical Commissioning Group (CCG). They also received guidelines electronically from the National Institute for Health and Care Excellence (NICE). The aim of the guidelines is to improve health outcomes for patients. Staff said that changes to practice and NICE guidelines were discussed at clinical meetings. We did not see evidence of this in the minutes of meetings we looked at.

The practice had a small, established staff team who knew their patient groups well. They worked with local services and organisations to meet patients' diverse needs. We found that patient needs were assessed and that they received effective care and treatment to meet their needs. They were referred appropriately to other services on the basis of need.

Patients received continuity of care and treatment as one GP and a nurse practitioner covered all the appointments, consultations and home visits. Records showed that regular multi-disciplinary meetings were held to review patients' needs and care plans. The practice worked closely with partner health and social care services, to improve outcomes for patients and enable them to remain at home, where possible. The patient emergency admission rates to hospital were lower than the average for other practices in the Clinical Commissioning Group.

Staff told us that they worked closely with the local learning disability and mental health teams to ensure that patients received appropriate care and treatment, and were reviewed. Where there were signs of acute deterioration or risk, patients were supported to access urgent care and treatment.

Staff also worked closely with the designated midwife and health visitor to provide antenatal and postnatal care and support to mothers and young children. A weekly 'drop in' clinic for mothers and children under five years of age was held, which provided various health checks. Clinical staff told us that babies received a new born and six week development assessment in line with the Healthy Child Programme.

Management, monitoring and improving outcomes for people

The GP told us clinical audits were often linked to medicines information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a national incentive performance measurement tool. The QOF data for 2013/14 showed that the practice achieved a total score of 81.5%, which was below the national and local average for other practices. The practice scored under 60% in the following clinical areas; epilepsy, learning disability, mental health, chronic obstructive pulmonary disease and palliative care. The score for depression was 0%. Apart from the low performance scores, we did not find evidence of actual risks to patients, or that the practice not meeting the needs of the population groups.

We highlighted several reasons for the low QOF scores. For example, robust action plans were not produced and monitored to drive the required improvements. Clinical staff told us that there was a high prevalence of patients who had mental health needs including depression. Effective systems were not in place to monitor that a new diagnosis such as depression, was coded correctly on a patient's electronic records, and that health reviews were been completed within the required time scale.

We saw that several clinical audits had been completed in the last two years. It was not evident that all audits were used effectively to improve the outcomes for patients, and provide assurances as to the quality of care. For example, a recent audit was completed to monitor the number of adequate and inadequate smear tests clinical staff had carried out in the last 12 months. The results had not been analysed to consider the possible reasons for the inadequate smear tests, or if any changes were required to minimise further occurrences.

Staff told us that the outcome of audits was communicated through the clinical meetings. The meetings enabled the staff to discuss clinical issues and peer review each other's practice, driving improvements in care.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice was registered to carry out minor surgical procedures. It was not evident that clinical staff were following best practice guidelines from NICE, in regards to the removal of certain skin lesions. The following information was not kept/available:

A register of all surgical procedures carried out, including the outcome of the surgery and histology results.

Evidence that relevant staff had attended essential training to update their knowledge and skills to carry out minor surgery.

Approval by the CCG or the previous Primary Care Trust as to the type of surgery the clinician may undertake, including the removal of definite or suspected skin cancers.

Evidence that surgical procedures were audited to evaluate the effectiveness of the diagnosis, treatment, and the incidence of complications.

We asked the practice to forward evidence of the areas identified above. The practice agreed not to remove certain skin lesions, until they have obtained approval from the CCG to enable them to carry out such procedures. Following the inspection, we received written assurances that the practice was following up this matter with the CCG. We also received a copy of the register the practice proposed to use, to provide a log of all surgical procedures carried out.

Effective staffing

The practice had an experienced and established staff team, who ensured continuity of care and services. Staff told us they had received appropriate induction training to enable them to carry out their work. They also worked well together as a team.

We noted that the induction programme was brief and generic, and did not relate to specific roles to ensure that new staff received essential information to carry out their work. We reviewed the files of two staff that had been employed in the last 12 months. Records were not available to show that they had completed an induction programme to enable them to carry out their work.

The practice closed for half a day each month to enable all staff to receive time for learning. Staff told us that they were supported to maintain and develop their skills and knowledge. For example, one practice nurse was undertaking a clinical skills module. Staff also said that they attended essential training such as safeguarding, basic life support and infection control. Records were not available to show that all staff had attended appropriate training to carry out their work.

Staff told us that they received supervision through peer support and regular team meetings they attended. They also received an annual appraisal to review their performance and learning and development needs. We looked at two completed appraisals. They were not recorded on an appropriate form, and did not show that a robust appraisal had been completed. For example, the process did not review staff's performance or establish any future learning and development needs or include any overall comments about the outcome of the review. The appraiser and the employee had not signed and dated the appraisal.

The GP told us they were up to date with their professional development requirements, and had received an appraisal in 2014. Their revalidation was due in 2016. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Working with colleagues and other services

The practice worked well with partner health and social care services to meet patients' needs. It was clear from discussions with staff that considerable work went into supporting people to remain at home, and receive appropriate support on discharge from hospital. For example, the practice worked closely with the community matron, care coordinator and the district nursing services to achieve this.

Information Sharing

The practice was transferring to System One in February 2015, which is a centralised clinical system, which helps staff to manage patients' records effectively. All staff were due to receive training on the new system in January 2015. The practice had signed up to the electronic Summary Care Record. Summary Care Records provide healthcare staff treating patients in an emergency or out-of-hours with faster access to key information.

A system was in place to enable essential information about patients to be shared in a secure and timely manner.

Requires improvement

Are services effective?

(for example, treatment is effective)

We saw that patients test results, information from the out-of-hours service and letters from the local hospitals including discharge summaries were promptly seen, coded and followed up by the GP, where required.

The systems for ensuring that patients were referred promptly to other services required strengthening. For example, there was a delay in sending an urgent referral as the administrator who completed and sent the form, was waiting on certain information from the clinician, which was not available in the patient's notes. Despite the delay in sending this it remained within the two week urgent referral timescale. The clinicians did not complete the referrals or use a dictation system to enable them to be sent quickly.

Consent to care and treatment

Patients told us that they were involved in decisions and had agreed to their care and treatment. They also said that they had the opportunity to ask questions and felt listened to. Staff said that they obtained patients consent before they provided care or treatment. Written consent was obtained for specific interventions such as minor surgical procedures, together with a record of the possible risks and complications.

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans. Staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. Clinical staff understood the importance of determining if a child was 'Gillick' competent, when providing treatment and advice. A Gillick competent child is a child under 16 who is capable of understanding implications of the proposed treatment, including the risks and alternative options.

Staff we spoke with were aware of the Mental Capacity Act (2005) and their responsibilities to act in accordance with legal requirements. However, they had not received formal training to ensure they understood the principles of the act and the safeguards. The practice manager confirmed that there were no plans to provide the training.

Clinical staff said that patients receiving end of life care had a care plan in place to ensure that their wishes were respected, including decisions about resuscitation and admission to hospital. This information was available to the out-of-hours service, ambulance staff and local hospitals.

Health Promotion & Prevention

We saw that a range of health promotion information was available to patients and carers

on the practice's website, and also on the noticeboards in the surgery. Patients had access to a weight management consultant to support them with healthier eating or eating disorders.

New patients registering with the practice were offered an initial health check with the practice nurse. This ensured that staff had access to essential information about people's health needs, and that any tests or reviews they needed could be arranged.

The practice offered a full range of immunisations for children, as well as travel vaccines, shingles and flu vaccinations in line with current national guidance. The 2013/14 data for childhood immunisations showed that the practice was largely achieving the average vaccination target for the area CCG. A system was in place for following up patients who did not attend for their immunisation vaccine.

The practice offered NHS Health Checks to all patients aged 40 to 74 years. Records showed that the practice had issued 43 invites for patients to attend a health check, which 10 people attended. Patients were also encouraged to attend relevant screening programmes including bowel, breast and cervical smears. The practice was looking at ways to improve the number of patients who attended bowel and breast screening, as the uptake remained low. A recall system was in place for following-up patients who did not attend the screening.

All patients with a learning disability, poor mental health, long standing conditions or aged 75 years and over were offered an annual health check, including a review of their medication.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients described the staff as friendly and caring, and felt that they were treated with dignity and respect. They also said that they felt listened to and that their views and wishes were respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a suitable room.

Senior staff at a care home we spoke with where patients were registered with the practice also said that the staff were caring and considerate, and treated patients with respect.

The 2014 national GP survey showed that 70% of patients surveyed were satisfied with the level of privacy when speaking to receptionists at the practice, 83% felt that they were good at listening to them and 76% said that they were good at treating them with care and concern. 70% also said that the last nurse they saw or spoke to was good at treating them with care and concern.

We observed that patients were treated with dignity, respect and kindness during interactions with staff. Patients privacy and confidentially was also maintained. Staff said that if they observed any instances of discriminatory behaviour, or where patients' privacy and dignity was not respected they would raise these with the practice manager.

Care planning and involvement in decisions about care and treatment

Patients said that they felt listened to, and were supported to make decisions about their care and treatment. The 2014 national GP survey showed that 74% of people surveyed said that the GP was good at involving them in decisions about their care, and 80% felt they were good at explaining treatment and results.

Clinical staff told us that patients at high risk of being admitted to hospital, including elderly patients and people with complex needs or in vulnerable circumstances, had a care plan in place to help avoid this. The care plans included the patient's end of life wishes, and decisions about resuscitation. This information was available to the out-of-hours service, ambulance staff and local hospitals. The practice used an alert system to ensure that the out-of-hours service was aware of the above patients' needs when the surgery was closed.

Staff told us that some patients attending the practice required support to make decisions about their care and treatment, including people who had a learning disability or dementia**.** We saw that patients and carers had access to information about local advocacy and support services.

Patient/carer support to cope emotionally with care and treatment

Patients said that they received support and information to cope emotionally with their condition, care or treatment. They described the staff as caring and understanding. Where able, they were supported to manage their own care and health needs, and to maintain their independence.

A regular support group was held at the practice, which helped women who had experienced depression, bereavement or isolation.

The computer system identified patients who had carer responsibilities to enable the staff to offer them support. Staff demonstrated that importance was given to supporting carers to care for relatives, including patients receiving end of life care. Bereaved carers known to the practice were supported by way of a personal visit or phone call from a GP, to determine whether they needed any practical or emotional support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients told us that they were seen promptly when required. Senior staff at a care home where patients were registered with the practice, also said that patients were promptly seen and were regularly reviewed, to help prevent health issues from becoming more serious.

The practice worked with other agencies to provide a range of services to meet patients' needs, and enable them to be treated locally. The services were flexible, and were planned and delivered in a way that met the needs of the local population. For example, the health visitor, midwife, GP and a practice nurse held a weekly 'drop in' clinic for mothers and children under five years of age, which provided various health checks.

Regular pain management clinics were held at the practice, to enable people on long term medicines to manage their pain effectively. The practice had a high prevalence of Asian patients who had diabetes. An external agency held a weekly surgery at the practice, to provide advice and support to patients who had recently been diagnosed with diabetes.

The practice also had a high prevalence of patients who had low mood, depression or poor mental health. The practice worked with local mental health teams, counsellors and therapists to support patients' needs. An external agency held a regular surgery at the practice, which enabled patients to be treated locally.

Records showed that monthly multi-disciplinary meetings were held, to discuss patients with complex needs or at risk of harm or admission to hospital. This helped to ensure that patients and families received coordinated care and support, which took account of their needs and wishes.

The practice worked closely with the palliative care team to support patients receiving end of life care. However, they did not meet regularly with the team to discuss all patients on the register. Following the inspection, the practice manager informed us that the palliative care team would be invited to attend the multi-disciplinary meetings every six months, to discuss patients on the register. The frequency of the proposed meetings is not in line with national palliative care standards.

The Patient Participation Group (PPG) had not been active since 2012. The practice manager told us that they were looking to re-establish the PPG by the end of December 2014.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services, and worked with partner health and social care services to meet patients' diverse needs. Staff informed us they operated an open list culture, accepting patients who lived within their practice boundary.

Staff told us there was a wide range of diversity within the patient population. Staff were able to describe a good awareness of culture and ethnicity issues. The practice manager confirmed that staff had received some training on equality and diversity. The practice had a large number of patients whose first language was not English.

The staff were knowledgeable about language issues, and had access to local interpreters, where required. We noted that the practice's website did not have a translation facility to enable people whose first language was not English, to access the information about the services.

Records showed that home visits and longer appointments were available for patients who needed them, including people in vulnerable circumstances, experiencing poor mental health, with complex needs or long term conditions.

Access to the service

The 2014 national GP survey showed that 82% of people surveyed, were able to get an appointment to see or speak to a clinician the last time they tried. 86% also said that they found it easy to get through to the practice by phone.

The practice manager told us that they regularly reviewed the appointment system and telephone response times, to ensure it met the demands on the service. However, they had not completed a formal review or audit in the last two years, to provide assurances that it was meeting patients' needs.

Patients were able to book an appointment in person or by telephone; they could be pre-booked up to a week in advance. The practice was transferring to SystmOne in February 2015, which is a centralised clinical system that will enable patients to book appointments on line.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Information about the appointment system, opening times and the out-of-hours service was available in the reception area and on the practice's website. Information was also available in different languages in the reception area, for patients whose first language was not English.

Extended opening hours were available on Mondays from 8:00 am until 7:30 pm. This enabled children and young people to attend appointments outside of school hours. It also enabled working age patients and those unable to attend in the day to attend in an evening.

We saw that systems were in place to prioritise emergency and home visit appointments, or phone consultations for patients who were not well enough to attend the practice. We observed staff adding patients who needed to be reviewed urgently to the appointments to be seen that day, or arranging for a call back from a clinician.

Staff told us that the appointment system and phone consultations were flexible depending on patients' needs. One GP and a nurse practitioner covered the appointments and consultations; both of which worked part-time.

Most patients we spoke with and comments cards we received showed that patients were able to get an appointment, or were offered a telephone consultation, where needed. A few patients reported difficulty in getting to see the GP at times. In addition to providing the weekly baby clinic the GP provided five clinical sessions a week, which meant that they were only available at certain times of the day. Following the inspection, we received assurances that the practice had reviewed the availability of GP appointments.

We found that the facilities and the premises were accessible and appropriate for the services being delivered. The majority of patient facilities were on the ground floor. Patients with health or mobility difficulties were seen on the ground floor, as the first floor was accessed by stairs.

Listening and learning from concerns and complaint

Patients said that they felt listened to and able to raise concerns about the practice. Not all patients were aware of the process to follow should they wish to make a complaint, but they said that they had not had cause to do so. We noted that the complaints procedure was accessible to patients.

We saw that a system was in place for handling complaints and concerns. The records showed that the practice had received three complaints in the last 12 months. The concerns had been acknowledged, investigated and responded to in line with the practice's policy.

Staff told us that there was a culture of openness and that they were encouraged to raise concerns. They also said that complaints were shared with staff at team meetings, and were acted on to improve the service for patients. Records of meetings supported this. Staff had access to the complaints policy. The practice manager completed an annual review of complaints for the Clinical Commissioning Group to identify any patterns and trends, and to show that they had been responded to appropriately.

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 aims and objectives set out in the provider's statement of purpose were to provide the best quality care to patients in a safe and confidential environment. The vision and future plans for the practice were not set out. However, all staff were clear that they placed patients' best interests and welfare at the centre of everything they did, and that they aimed to provide the best quality care. Records were not available to show that regular business meetings were held, where future plans were discussed.

Governance Arrangements

The practice had a range of policies and procedures in place to govern the practice. These were available to staff electronically. A system was in place to ensure that the policies were regularly reviewed and were up-to-date, and that these were shared with staff. Several policies we looked at had recently been reviewed and were up to date. However, we found that the procedures were not always followed in practice.

The GP and practice manager told us that they regularly met to discuss the practice's business, finances, governance, performance and future plans. However, records were not kept of the meetings, and a business plan including plans for future development was not set out.

Records showed that several clinical audits had been completed in the last two years It was not evident that all audits were used effectively to provide assurances as to the quality of care and services.

The practice used performance data to measure their service against other practices and identify areas for improvement. This included the use of Quality and Outcomes Framework (QOF), which is a national performance tool designed to reward good practice. The 2013 to 2014 data for this practice showed it was performing below the national and local average in several clinical areas, including depression, epilepsy, learning disability, mental health chronic obstructive pulmonary disease and palliative care.

Staff told us that the QOF data was discussed and actions were agreed to improve the performance at team meetings. There was reference to this in the minutes of meetings we reviewed. However, robust action plans were not produced and monitored to drive the required improvements.

Senior managers demonstrated a commitment to improving the quality of care and services for patients. We found that some systems were in place to assess and monitor the quality of services, including complaints, safeguarding, and medicines management. However, we highlighted areas where robust systems were not in place to drive improvements and monitor the quality of services. For example, they did not monitor the recruitment procedures, or carry out infection control checks and audits at regular intervals to provide assurances that the policies were being followed.

Leadership, openness and transparency

The leadership structure included one GP, a practice manager, a nurse practitioner and two practice nurses. Within the small team all staff had lead responsibilities to ensure that the service was well-led.

Staff we spoke with were clear about their roles and responsibilities, and felt that the practice was generally well-led. They also said that they felt valued, well supported, and involved in decisions about the practice. Staff described the culture of the organisation as supportive and open, and felt able to raise any issues with senior managers as they were approachable.

The practice manager had an 'open door' policy to discuss any concerns or suggestions. A whistleblowing policy was in place and staff were aware of this, but they had not had cause to use it. Records showed that regular team meetings were held, which enabled staff to share information and to raise any issues.

Practice seeks and acts on feedback from users, public and staff

The practice obtained feedback from patients through complaints and informal processes. Patients said that they felt able to raise concerns, compliments or complaints with the staff.

We did not see evidence to show that the practice actively sought patients' views and acted on their feedback to improve the service. The Patient Participation Group (PPG) had not been active since 2012. The PPG is a group of patients who work with the practice to represent the

Are services well-led?

Requires improvement

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

interests and views of patients, to improve the service provided to them. The practice manager told us of plans to re-establish the PPG by the end of December 2014. We did not see evidence to show that patients had been made informed of the plans, or invited to express an interest if they wished to join the PPG.

Records showed that a number of patients completed a brief survey in February 2014 at the request of the Clinical Commissioning Group, to obtain their views about extended weekend opening times. Patients expressed the need for opening hours at the weekend. However, the practice manager told us that the practice was unable to provide this without additional resources and funding.

Records showed that the practice carried out a patient survey in 2012. The responses were mostly positive, and showed that patients were generally happy with the service. An action plan was not available, to show that comments received were acted on, where possible. The practice manager told us that they planned to carry out a further patient survey in 2015, with involvement of the new PPG.

Discussions with staff and records reviewed showed that the practice obtained feedback from staff through team meetings and appraisals. Staff said that they felt involved in decisions about the practice, and were asked for their views about the quality of the services provided.

Management lead through learning & improvement

The practice did not have a training plan. Staff said that they were supported to maintain and develop their skills and knowledge. Complete records were not available to show that all staff received appropriate training and development and an annual appraisal to enable them to carry out their work effectively.

We found that a robust system was not in place for identifying, recording and learning from safety incidents and significant events, to minimise further occurrences.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Not all information specified in Schedule 3 was available in regards to staff employed to work at the practice. Regulation 21 (b)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Not all staff were receiving appropriate training, supervision and an appraisal. **Regulation 23(1)(a)**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Effective systems were not in place to assess and monitor the quality of service, and regularly seek patients views in relation to the care and treatment provided. Regulation 10 (1)(a) (2)(e)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Not all appropriate records were kept in relation to the management of the regulated activities.

This section is primarily information for the provider

Compliance actions

Regulation 20 (1)(b) (ii)