

Dr Kanjana Paramanathan

Quality Report

The Surgery,
348 Bearwood Road, Smethwick, West Midlands B66
4ES

Tel: Tel: 0121 429 1345
Website: www.bearwoodroadsurgery.co.uk

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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?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kanjana Paramanathan on 6 September 2016. Overall the practice is rated as requires improvement.

- The practice was previously inspected by CQC in March 2015 and the practice was rated as requires improvement. Specifically we found improvements were needed in respect of the following; :
- Premises and equipment needed improving. An assessment of the building was required to ensure reasonable adjustments were considered so that people with a disability were able to access the service.
- Improvements were required to the systems for handling complaints as they were not effective and the complaints procedure was not easily accessible to patients.

- Effective systems were required to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from them carrying on of the regulated activity. For example legionella, fire and medicine management.
- An effective recruitment procedure was required to ensure appropriate checks were always completed prior to staff commencing their post. This included proof of identity and evidence of good character being obtained for staff prior to recruitment.

At this inspection we noted that most of the issues we had identified previously had been actioned and improvements made.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had not registered to receive patient safety alerts directly; however they demonstrated that they had responded to medicine safety alerts received via the CCG.

Summary of findings

- Arrangements were in place for emergency medicines to be provided by the adjoining pharmacy, however this arrangement was informal and assurance of availability had not been considered.
- The practice had not considered the risk to not having access to a defibrillator in the event of an emergency.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However, we saw an example of where the practice had prescribed high risk medicines without confirming appropriate monitoring of bloods had taken place.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice was aware of areas needing further improvement as highlighted by the national GP patient survey. However, no formal plans had been developed outlining how improvements would be achieved.
- There was a clear leadership structure and staff felt supported by management. However, the providers did not have effective systems and processes in place to enable them to identify and mitigate risks to patients or others and governance and oversight needed significant strengthening.

The areas where the provider must make improvement are:

- The provider must have effective systems to enable them to assess and monitor the quality of the service. For example by having clear communication, systems and policies which are understood and followed in order to identify, assess and mitigate risks. For example the timely receipt of safety alerts, ensuring clinical staff have the appropriate indemnity insurance and use feedback from patients to drive improvements in the service, such as in relation to national patient survey feedback.
- Take all practicable steps to identify and mitigate risks to patients of receiving unsafe care and treatment, for example the management of high risk medicines and the arrangements for emergency medicines and equipment.

The areas where the provider should make improvement are:

- All staff should be aware of the policy to allow people with no fixed address to register or be seen at the 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 requires improvement for providing safe services and improvements must be made.

The practice had not been proactive assessing risks within in the surgery. There were a number of concerns address during and post inspection, for example:

- The practice had not risk assessed the absence of some emergency medicines in order to mitigate potential risks. Following the inspection the practice took action to respond to the risk.
- The practice had not completed a risk assessment for the absence of a defibrillator. We saw that action was taken during the inspection to address this.
- There was an inhaler but no spacer device to help with the delivery of the medicine. However, the practice was able to purchase this on the day and we saw that it had been made available at the premises during the inspection.
- The practice nurse administered vaccines using patient group directions (PGDs). Up to date PGDs were available in the practice but were not signed by an appropriate person in the practice. The provider actioned this when it was brought to their attention during the inspection.
- The practice did not demonstrate all clinical staff had appropriate indemnity cover in place. Assurance of cover was sent to us following the inspection
- The practice did not have adequate systems in place for the timely manage safety alerts. The practice relied on the CCG to inform them of relevant alerts via the CCGs newsletter.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Systems to manage patients on high risk medicines needed review.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the local CCG and the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff generally had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- The practice was aware of the satisfaction scores from the national patient survey but no formal plans had been developed to support improvement.
- Patient we spoke with told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



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. For example, it took part in some enhanced services and was looking at how they could deliver the NHS five year plan through sustainability and transformation plans (STP) working.
- 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.

Good



Summary of findings

- 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.
- Following our previous inspection in March 2015 we informed that practice that it must make reasonable adjustments to enable people with a physical disability to access the service. At this inspection we saw changes had been made to ensure the premises could be easily accessed by patients with a physical disability.

Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements must be made.

- The practice had a vision and a strategy but systems and processes needed to be reviewed to deliver the vision.
- There was a leadership structure in place and staff felt supported.
- The practice were not pro-active in ensuring risks to patients were well managed as governance processes were not effective in identifying and managing risks, for example the availability of emergency medicines and equipment.
- The practice were reactive to the gaps in management of safety identified during the inspection. The governance systems and process in place had not identified these areas for improvement and action.
- Although the practice were aware of the results from the national patient satisfaction survey they had not considered actions to address the areas of low satisfaction.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for providing safe, caring and well led service. The issues identified affected all patients including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had made improvements to the practice to respond to older people's needs and access for those with poor mobility.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above local and national averages.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe, caring and well led service. The issues identified affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Two systems for care plans were in place. Electronic care plans for patients were not consistently populated with a clinical oversight.
- Longer appointments and home visits were available when needed.
- We found that the system in place for the prescribing of high risk medicines was not always effective, specifically with regards to recommended blood monitoring.
- 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.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for providing safe, caring and well led service. The issues identified affected all patients including this population group.

Requires improvement



Summary of findings

- 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice did not have baby change facilities but staff told us that they would offer a spare room if needed.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe, caring and well led service. The issues identified affected all patients including this population group.

- 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 offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice's uptake for the cervical screening programme was 76%, which was below the CCG average of 80% and the national average of 82%.
- We saw health promotion advice was offered and patients had access to health promotion material available through the practice. The practice website also offered links to various resources including health promotion.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe, caring and well led service. The issues identified affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those subject to safeguarding concerns, those with disabilities such as hard of hearing and those with a learning disability.

Requires improvement



Summary of findings

- There was a policy to allow people with no fixed address to register or be seen at the practice. However, staff were unaware of the process as the policy had not been embedded.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. There were links to these organisations on the practice website.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe, caring and well led service. The issues identified affected all patients including this population group.

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months; this was below the CCG average and national average of 84%.
- The number of patients diagnosed with dementia on the practice register had increased since our last inspection in March 2015.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100%. This was above the CCG rate of 86% and the national rate of 88%. The exception rate was 18% which was higher than the CCG average of 12% and the national rate of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Resources were also available on the practice website.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results were mixed when compared to the local and national averages. Of the 337 survey forms distributed, 114 were returned. This represented 5% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% national average of 85%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.

- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients said that the service was very quick and effective. Doctors were polite and staff were caring and patients could get an appointment easily.

We spoke with three patients during the inspection including the chair of the patient participation group (PPG). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Kanjana Paramanathan

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Kanjana Paramanathan

Dr Kanjana Paramanathan also known as Bearwood Road Surgery is located in Smethwick Birmingham, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation in the area served by Dr Kanjana Paramanathan are below the national average, ranked at three out of 10, with 10 being the least deprived. The practice serves a higher than average patient population aged between 25 to 35 years.

There are approximately 2300 patients of various ages registered with the practice. The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

The practice has one GP provider (female) and one regular locum GP (male). The GPs are supported by a practice nurse. The non-clinical team consist of administrative and reception staff and a practice manager who worked three days a week.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments take place from 9.30am to 12.30 pm

and 4.30pm to 6.30pm daily. The practice offers extended hours on Mondays, Tuesdays and Wednesdays from 6.30pm to 7pm. In addition, extended opening hours were also provided on Saturdays from 9am to 12pm.

The practice has opted out of providing out-of-hours services to their own patients and this service is provided by another provider (Primecare).

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 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 6 September 2016.

During our visit we:

- Spoke with a range of staff including the practice manager, the two GPs, the practice nurse and administrative staff.
- Observed how patients were being cared for and talked with a patients and a carer.

Detailed findings

- We also 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 (QOF) 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.

There were incident reporting templates available and staff told us they would complete the template and forward to the practice manager or GP. We looked at examples of some significant events which were discussed in detail at staff meetings, the minutes demonstrated learning from significant events.

The practice did not have systems in place for the timely receipt and action of safety alerts. The GP told us that they received safety and medicine alerts via a CCG newsletter. The GP who was aware of the latest alert and saw evidence that they had been actioned. However, they had not signed up to receive alerts directly, therefore could not ensure necessary actions were not delayed. The practice manager told us that one of the staff members responsible for IT systems had signed up to receive alerts, but was unable to provide evidence of this.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safeguarded from abuse. Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Staff members we spoke with were able to show us the folders which contained safeguarding policies. The policies clearly 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. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and the practice nurse was also trained to level 3. The practice manager had completed an e-learning course to help protect and identify children and young people at risk of abuse or exploitation. The lead GP had also completed Female Genital Mutilation (FGM) training.

During our previous inspection on 17 March 2015 we noted that there was no alert in place to highlight vulnerable patients on the practice's electronic records to. However, we saw evidence that the practice had systems in place to identify children subject to child protection plans. During this inspection we saw there were alerts on the system to highlight vulnerable patients to staff.

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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Staff files we looked at showed that appropriate recruitment checks had been carried out. However, there was no system in place for the practice to monitor that appropriate indemnity cover was in place for clinical staff. Following the inspection we received assurance that this had been addressed.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Annual infection control audit was undertaken in April 2016 and we saw evidence that action was taken to address any improvements identified as a result.

During our previous inspection in March 2015 we noted that the practice did not have adequate systems in place to manage storage medicines in the vaccine fridge. During this inspection we noted that the practice had taken action to make improvements. The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England.

The practice had an inhaler but did not have a spacer device or a paediatric mask which would be useful when delivering the medicine to a child. However, the practice had purchased these on the day and we noted that they were available in the practice.

We found that the system in place for the prescribing of high risk medicines was not always effective, specifically with regards to recommended blood monitoring. For example, we looked at the records of three patients that were prescribed high risk medicines. Records showed that

Are services safe?

two of the patients had received a test to monitor their blood prior to receiving a repeat prescription. The GP told us that blood monitoring for the third patient was taking place to the hospital, however the GP had not confirmed the outcome of the blood test prior to issuing the prescription.

The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs were available in the practice. However, we saw a number of PGDs mostly dated from June 2016 that had been signed by the practice nurse but not the GP. The GP signed the PGDs on the day of the inspection.

The practice carried out regular medicines audits, with the support of the local CCG medicine management team to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice told us that they were among the top 10 best performing practices in their locality (a group of GP practices) in regards to prescribing targets set by the CCG. Data we looked at demonstrated that the practice was below the set target for antibiotic prescribing.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 such as control of substances hazardous to health and infection control and legionella. We saw that the most recent Legionella risk assessment was carried out by an external specialist in January 2016 and the practice were following the recommendations from the risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

During our previous inspection in March 2015 we noted that the practice annual fire risk assessment had identified some actions. These were to install a smoke alarm and a

self-closing fire exit door. At this inspection we saw that this had been actioned. For example we saw smoke alarms had been installed in the practice. Staff members we spoke with told us that they had discussed the fire evacuation procedure in team meetings. The practice had undertaken a fire risk assessments and carried out regular fire drills.

Arrangements to deal with emergencies and major incidents

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

All staff received annual basic life support training.

The practice had not risk assessed the absence of a defibrillator on the premises. A defibrillator is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. However, the practice had ordered a defibrillator on the day of the inspection and provided evidence that the device had been delivered to the practice.

The practice had portable medical oxygen cylinder with adult and children's masks. We saw that the oxygen cylinder had been serviced annually and was full. However, this was not monitored regularly. The practice manager developed a rota on the day of the inspection. They told us that they would incorporate with the existing checks in place for vaccines storage.

The practice did not have available any emergency medicines in the surgery. We were told that the practice had an agreement with a pharmacy next door to supply these medicines when required but this was not a formalised agreement. During the inspection the practice manager was able to present to us a signed agreement between the practice and the pharmacy giving assurance that specific emergency medicines would be available. This did not include medicine related to the treatment of acute severe asthma. The practice purchased this on the day.

The practice had a nebuliser to respond to a patient having a severe asthma attack. However, the GP and other staff was unaware if the medicine (nebules) used in the nebuliser were available in the practice. The practice nurse was able to locate it during the inspection.

During our previous inspection in March 2015 we noted that the Business Continuity Plan (BCP) lacked detail and

Are services safe?

there were gaps, for example it did not include risks associated with staff shortages or sudden loss of electricity supply. The plan was not dated so it was not clear when it had been reviewed. At this inspection we saw that the practice had a business continuity box with blank referral forms, prescription pads as well as other resources in the

event the practice needed to run clinics without access to the IT system. We were told that another box was kept off site by the GP. We also saw that the practice had a written agreement with another local practice to use their facilities in the event they could not use access the building.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We saw evidence that the practice was following appropriate NICE guidance for the management of hypertension as well as looking at presence of prostate cancer (PSA levels). We saw that the practice had conducted audits to improve their prescribing of some medicines such as analgesics (pain reliever).

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 99.2% of the total number of points available. This was above the local CCG average of 95% and the national average of 95%. The practice overall exception reporting was at 10.2%, which was similar to the CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators at 96.9% was above the local CCG average of 88%, and was above the national average of 89%.
- Performance for mental health related indicators was above the local CCG and the national average. The practice achievement for mental health related indicators was 100%. The CCG average was 91.5% and the national average was 93%.

There was evidence of quality improvement including clinical audit. There had been four clinical audits completed since our last inspection, of these three were completed audits where the improvements made were implemented and monitored. For example we saw that the practice had carried out an audit of opioid and paracetamol combination prescription and had demonstrated improvement. One of the GPs offered joint injections and there was an ongoing audit to monitor infection rates.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. During our previous inspection in March 2015 we noted that non clinical staff had not received infection control training. This had been addressed at this inspection.

The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Staff received regular reviews, annual appraisals and regular supervision. The GPs had received appraisals and were revalidated. Staff had access to e-learning training modules which allowed accessing core training as well as role-specific training and updating.

Staff files we looked at showed that all team members had received training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

Staff worked together 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 people moved between services, including when they were referred, or after they were discharged from hospital. The lead GP managed all referrals and examples we looked at contained adequate information.

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 plans, medical records and investigation and test results. We saw examples of care plans under the unplanned avoidance scheme that were individualised. The care plans were being populated by the practice manager using a template. However, the GP we spoke with was unable to access the care plans on the computer system and was unsure who was developing them. We saw the GP had written care plans on the patient care records in free text. Whilst this contained relevant information it could pose an issue if copies needed to be available for a patient or other organisations involved in the care of the patient.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Staff sought patients' consent to care and treatment in line with legislation and guidance. We saw that staff had attended Mental Capacity Act (2005) training and demonstrated adequate knowledge in regards to consent and decision-making requirements.

One of the GP carried out joint injections, we confirmed that written consent was sought before the procedure was carried out. We saw audits were carried out to monitor this.

Supporting patients to live healthier lives

The practice identified some patients who may be in need of extra support. For example the practice had a list of patients on palliative care, dementia, mental health as well as depression. We saw notice boards in the reception area such as carers corner as well as notice boards for childhood health. We saw relevant leaflets were available to signpost patients to relevant services.

During our previous inspection in March 2015 we noted that the practice had not undertaken proactive dementia screening for patients to ensure early identification and intervention. During this inspection we saw that the practice was using a dementia screening tool and had identified 10 patients with formal diagnosis of dementia. Two more patients were referred to the hospital for diagnosis.

The practice's uptake for the cervical screening programme was 76%, which was below the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice

followed up women who were referred as a result of abnormal results. The practice nurse mainly carried out cervical cytology screening in the practice but the female GP also occasionally carried out the procedure.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data we looked at showed that they were generally in line with local and national averages. The practice told us that they worked with the screening team to look at those patients that had not attended for their screening. Staff from the practice then called these patients to remind them to attend.

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 89% to 100% (except for Meningitis C which was below the CCG average).

Vaccination rates for five year olds ranged from 85% to 100%. Generally the vaccination rates were above the CCG averages.

The GP told us that they had undertaken training in insulin initiation for management of diabetes and had employed a diabetes specialist nurse for six months for extra support. A specialist diabetes nurse held clinics with a consultant from the local hospital for complex cases of diabetes. This was a CCG initiative.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said staff were kind, helpful and treated them with dignity and respect. They were positive about the level of care experienced felt the practice offered a good service.

We spoke with three patients including the chair of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said staff treated them with care and respect

Results from the national GP patient survey showed mixed results, with below average for its satisfaction scores on consultations with GPs. For example:

- 67% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 80% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The practice had conducted its own survey of 27 patients in March 2016. Findings showed that 18 patients felt the care they had received was excellent or good. Eight patients stated that it was satisfactory and one patient stated that it was poor. Results for the nurse were slightly better with 22 patients describing the care they had received from the nurse as excellent or good. Two patients said the care from the nurse was satisfactory. The GP had also carried out a survey in December 2015 as part of their appraisal and we saw that the feedback from patients were positive about the care experienced.

The practice was aware of the national patient survey results but there was no formal plan to identify how the practice intended to make improvements.

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 from the comment cards we received was also positive and aligned with these views.

However, some results from the national GP patient survey showed patients rated the practice below local and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 90% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 90%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

Whilst the practice was aware of this no formal plans had been developed to indicate how they intended to achieve improvement.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as

carers (1.4% of the practice list). The practice told us that they had taken a proactive approach to recording carers. We saw a noticeboard was dedicated to carers with information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the palliative care team visited patients in their homes and provided support if they had experienced bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

- The practice offered extended opening hours on Mondays, Tuesdays and Wednesdays from 6.30pm to 7pm. Extended opening hours were also offered on Saturdays from 9am to 12pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. We saw a patient had attended the practice but did not have an appointment and the practice was able to offer them an appointment.
- During our previous inspection in March 2015 we noted that the practice had not assessed the service against best practice standards to benchmark its accessibility to disabled people. At this inspection we saw that the practice had taken action to ensure patients using a wheelchair were able to access the practice. We saw that the practice had a designated disabled parking space and the toilet had been modified to meet the needs of patients with a disability. Following the building work the practice had carried out a disability survey of four relevant patients registered with the practice. The survey asked if any further improvements were required and also if they were happy with the current work that had been undertaken to improve access. We saw that feedback from all four patients were positive and patients said they were happy with the improvements to the toilet as well as the facilities overall.
- There was a hearing loop and a translation services was available.

Access to the service

The practice opening times were:

- Monday 8am to 7pm
- Tuesday 8am to 7pm
- Wednesday 8am to 7pm
- Thursday 8am to 1.30pm
- Friday 8am to 6.30pm

The provider told us that the opening times were guidelines as they always ensured that they saw all patients even if they walked in. Some patients we spoke with confirmed that they could walk in for an appointment and the GP would stay behind until all patients were seen.

When the practice was closed on a Thursday afternoon arrangements were place for the out of hours provider to cover patient care needs.

Additional extended hour's appointments were offered on Saturdays from 9am to 12pm. In addition to pre-bookable appointments that could be booked up to four to six weeks in advance; urgent appointments were also available for people that needed them. Telephone consultations and home visits were also available.

Surgery times were:

- Monday 9.30am to 12.30pm and 4.30pm to 7pm
- Tuesday 9.30am to 12.30pm and 4.30pm to 7pm
- Wednesday 9.30am to 12.30pm and 4.30pm to 7pm
- Thursday 9.30am to 12.30pm
- Friday 9.30am to 12.30pm and 4.30pm to 6.30pm

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.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 85%.
- 84% described their experience of making an appointment as good compared to the CCG average of 62% and national average of 73%.

Patients told that they were able to get an appointment when needed and comment cards we had received supported this.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, the practice leaflet, the patient charter and the complaints leaflet was available in the reception area for patients to take away. The complaints leaflet also had a form that patients could use to comment on the service to make a complaint.

We looked at two complaints received in the last 12 months and found that they were satisfactorily handled. For example, one complaint received in March 2016 was acknowledged within 24 hours. We saw learning had been discussed in the team meeting in April 2016. Another complaint received in April 2016 was responded to on the same day and discussed in the May 2016 meeting.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver the highest standards of service to all patients, carers and families. The systems to support the achievement of the vision were not always in place and effective. The GP told us that they rarely took any time off and were aware that this was not sustainable. As a consequence they were currently looking for a GP partner as part of their succession planning.

Governance arrangements

The systems to enable the provider to have effective oversight and governance were not effective.

The practice did not have effective systems to enable the provider to identify, assess and mitigate risks to patients and others by ensuring safety alerts could be received and actioned in a timely way, ensuring the identifiable risks in respect of emergency medicines, high risk medicines and the availability of equipment had been assessed with action taken to mitigate this.

The practice had a nebuliser to respond to a patient having a severe asthma attack. However, the GP and other staff was unaware if the medicine (nebulisers) used in the nebuliser were available in the practice. The practice nurse was able to locate it during the inspection but this did not provide us with the confidence that governance processes were effective to ensure safe practice.

The provider did not have effective oversight to ensure that they could assess and monitor the quality of the service, for example, the practice manager was developing care plans for patients at risk of unplanned admission without clinical involvement. The GP was unaware of this and was unable to access these care plans on the system to check they were appropriate. The GP was writing care plans in free text on the patient notes. It would therefore be unclear which was the correct plan for the patient. The use of the IT system required reviewing to ensure that patients' medical records cannot be seen and amended by anyone who should not have access to them.

Practice specific policies were available to all staff but not always embedded. For example, the practice had a policy to enable homeless patients to register, but as staff were unaware of the policy there was a risk it would not be followed through in practice.

Leadership and culture

The practice manager had started in March 2016 and worked three days at the practice.

There was a leadership structure in the practice with the lead GP responsible overall with another staff member taking on the responsibilities of the practice manager on the days they were not working.

Staff told us the practice held regular team meetings and they felt they were part of a team that was helpful with support from management. For example, staff members confirmed that safeguarding, confidentiality as well as the fire evacuation procedure in meetings.

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

The practice sought patients' feedback and engaged patients in the delivery of the service. However, there was not clear evidence to show the provider had used this feedback with a view to developing action plans to improve the service.

The practice had patient participation group (PPG) and we spoke with the chair of the group on the day of the inspection. They told us that they met six monthly. The PPG chair told us that the practice was open and honest with them and communicated any issues. They also said that the practice listened to suggestions from the group. For example, the group asked for posters to be put up in the reception areas in regards to the seasonal flu vaccination so that relevant patients were made aware and we were told that this had been actioned.

The practice had gathered feedback through a patient survey in March 2016 and we saw that the response from patients were positive.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not have effective systems or processes in place to:</p> <ul style="list-style-type: none">• Enable them to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.• Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities. <p>This was in breach of regulation 17 (1)</p>