

# Dr Sirisena & Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sirisena & Partners on 15 September 2015. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned with the exception of training in infection control.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Importantly the provider must:

- Ensure safe systems are in place for the management of medicines. The appropriate action must be taken to ensure the fridge temperature is independently calibrated every month against the independently powered external thermometer and review the recording of temperatures.

# Summary of findings

- Assess the risks associated with not having an automated external defibrillator (AED) (a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient).

Importantly the provider should:

- Ensure regular clinical and multi-disciplinary meetings with other service providers to plan care for patients are held.
- Ensure monitoring systems are in place to ensure all clinical staff have read and understood NICE guidelines.

- Ensure a fire risk assessment is in place.
- Ensure an action plan is implemented to address the practice in house patient survey results.
- Ensure there is a register of all patients who are identified as carers.

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.

**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 as there are areas where it should make improvements. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, infection control leads had not received infection control training and annual infection control audits had not been completed for the last three years. We also found that no AED (a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient) or risk assessment associated with not having purchased an AED and fridge temperatures were not monitored sufficiently and safely.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Patient outcomes were improving due to increased capacity within the staff team. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was evidence of appraisals and personal development plans for all staff.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice well for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Good



# Summary of findings

secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

The practice is rated as good for being well-led. It had a purpose, aims and objectives. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings. There were systems in place to monitor and improve quality and identify risk. Leadership had invested in improving its clinical capacity by recruiting more GPs, and a Practice Manager to take over when the current practice manager retired to better meet the needs of patients. The practice proactively sought feedback from staff and patients. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked directly with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of

Good



# Summary of findings

care. The practice was in the process of arranging the booking of online appointments and acknowledged the need for this service. A full range of health promotion and screening was in place that reflected the needs for this age group.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. It had carried out annual health checks for people with a learning disability and offered longer appointments for people with a learning disability.

The practice regularly worked directly with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

Good



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). One hundred per cent of people experiencing poor mental health had received an annual physical health check. The practice regularly worked directly with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

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

Good



# Summary of findings

## What people who use the service say

The results from the National GP Patient Survey July 2015 demonstrated that the practice was performing in line with local and national averages. However; results indicated the practice could perform better in certain aspects of care, including the length of time available for patients when seeing a nurse. For example results were slightly below the CCG average for its patient satisfaction scores in the levels of confidence and trust patients had in their doctors and nurses at the practice. For example:

- 76.3% said the GP was good at listening to them compared to the CCG average of 83.7% and national average of 86.8%.
- 76.7% said the GP gave them enough time compared to the CCG average of 83.7% and national average of 86.8%.
- 91.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.2% and national average of 95.3%
- 84.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 95% and national average of 97.2%.
- 84.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85.9% and national average of 90.4%.
- 85.7% patients said they found the receptionists at the practice helpful compared to the CCG average of 82.6% and national average of 85.2%.

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

- 76.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.7% and national average of 75.7%.
- 92.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 67.7% and national average of 73.8%.
- 75.9% patients described their experience of making an appointment as good compared to the CCG average of 67.7% and national average of 73.8%.
- 44.7% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.4% and national average of 65.2%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. Out of the 47 patient CQC comment cards we received, 44 were positive about the service experienced. Three comment cards told us they were unhappy about the waiting times for appointments. Overall, patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

## Areas for improvement

### Action the service MUST take to improve

- Ensure safe systems are in place for the management of medicines. The appropriate action

must be taken to ensure the fridge temperature is independently calibrated every month against the independently powered external thermometer and review the recording of temperatures.



# Summary of findings

- Assess the risks associated with not having an automated external defibrillator (AED) (a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient).

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

- Ensure regular clinical and multi-disciplinary meetings with other service providers to plan care for patients are held.
- Ensure monitoring systems are in place to ensure all clinical staff have read and understood NICE guidelines.
- Ensure a fire risk assessment is in place.
- Ensure an action plan is implemented to address the practice in house patient survey results.
- Ensure there is a register of all patients who are identified as carers.

# Dr Sirisena & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a **CQC Lead Inspector**. The other members of the team were a GP specialist advisor, a practice manager and an Expert by Experience.

## Background to Dr Sirisena & Partners

Dr Sirisena & Partners is situated within NHS Barnet Clinical Commissioning Group. The practice holds a General Medical Services contract (General Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a full range of enhanced services including extended hours, adult and child immunisations, and remote care monitoring.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

The staff team at the practice included two male GP partners, one of which was a salaried GP and one female locum GP, one female practice nurse, a practice manager and a team of administrative staff (all working a mix of full time and part time hours). The practice was not an approved training practice for GP Registrars. The practice had a patient list of just over 4000 at the time of our inspection.

The practice was open between 08:00 and 18.30 Monday to Friday. Appointments were available all day and the

practice did not close during the day, except on Thursday when the practice closed at 13.00pm. Extended hours surgeries were available on a Monday from 18.30pm to 19.30pm.

Urgent appointments were available each day and GPs also completed telephone consultations for patients. The out of hours services were provided by a local deputising service to cover the practice when it was closed.

The practice had a higher percentage than the national average of people with working status either in paid work or full time education (68.4% compared to 60.2%) and a lower percentage than the national average of people with a long standing health condition (41.8% compared to 54%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and females.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before and that was why we included them.

# Detailed findings

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 September 2015. During our visit we spoke with a range of staff including the GP, the practice nurse, practice manager and administrative staff. We spoke with patients who used the service including a representative of the patient participation group (PPG). We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 47 comment cards where patients and members of the public shared their views and experiences of the service. We also reviewed the practice's patient satisfaction survey results from 2014/15 provided prior to our visit.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for completion via the practice system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events and had quarterly practice meetings to discuss learning points.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an MMR booster vaccination had been administered on verbal confirmation from the parents that the vaccine had not been administered, as the child's red health book was not produced. After the vaccination had been administered by the practice nurse, it later emerged from Child Health, that the child had already been administered the vaccine. The event was recorded as a significant event and the practice immunisation policy was reviewed. The policy was amended to reflect that thorough checks are made with Child Health before administering vaccines and until confirmation is received the vaccine is postponed.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and the current picture of safety. Staff were able to share a recent example from NICE in regard to patient safety on hypertension. Although the GP we spoke with was aware of the NICE guidelines, there were no monitoring systems to ensure the other GPs working at the practice had read and understood them. There were no documented clinical meetings and we saw no evidence to show the GPs were formally meeting together or discussing NICE guidelines.

### Overview of safety systems and processes

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

- Arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. 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 always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS), (DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for regularly monitoring and managing risks to patient and staff safety. During our visit we saw that there was a health and safety policy available with a poster in the reception office. Staff understood their roles and responsibilities in regard to health and safety and knew what to do for example in the case of a fire. However, there was no fire risk assessment in place; the practice did not have a process for regular review and had not undertaken any fire safety reviews for a number of years. We noted that all necessary annual fire checks had been undertaken including a recent fire drill, checks to fire extinguishers and alarm panels were also performed.
- All electrical equipment was checked annually to ensure the equipment was safe to use.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the GPs and the practice manager was the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. However, the infection control leads had not received up to date infection control training and the

## Are services safe?

remaining staff team had not received annual updates. Annual infection control audits were not undertaken and any improvements could not be identified as a result.

- A Legionella risk assessment had been conducted in 2015; and the recommendations had been acted on.
- The arrangements for managing medicines, including emergency drugs, in the practice did not always keep patients safe. The practice had one vaccine fridge and we noted that the fridge did not display the minimum and maximum temperatures of the fridge correctly. The practice nurse who was responsible for taking the temperatures had recorded the same temperature for the last three months, although the downloaded data from the independently powered external thermometer showed fluctuation in temperatures within the normal ranges which the fridge failed to display. The fridge temperature was not independently calibrated every month against the independently powered external thermometer. There was also no policy in place to inform staff of the action to take in the event of a fridge failure, which did not ensure the safe management of vaccines.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice had Patient Group Directions (PGDs) in place. These 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 found that the nurse had signed these documents and had been authorised by the GP's to carry out their responsibilities.
- Recruitment checks were carried out; these included, proof of identification, references, qualifications,

registration with the appropriate professional body accreditation details and Disclosure Barring Service (DBS) checks. We reviewed two staff files for non-clinical members of staff which we found to be complete.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We saw a copy of the weekly rota and we were informed about the policy for managing staff absences.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had oxygen with adult and children's masks. The oxygen had received its annual service and was in working order. There was also a first aid kit and accident book available. However, there was not a defibrillator (AED) on site and the practice was not aware of where the nearest one was located or had completed a risk assessment. According to current external guidance from the British Medical Association (BMA), practices should be encouraged to have defibrillators on site.

Emergency medicines were available to staff in a secure area of the practice and all staff knew of their location and how to access them. Checks of emergency medications were being undertaken by the practice nurse. We also looked at the medication available that GPs used when attending home visits. Medications were in date and as described in the emergency medications protocol.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and guidance from local commissioners. Staff used this information to develop how care and treatment was delivered to meet patient needs. For example, NICE guidance for treatment of patients with hypertension.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97.7% of the total number of points available, with 3.1% exception reporting. This practice was not an outlier for QOF clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 97.8%, which was 7.5% above the CCG average.
- The percentage of patients with hypertension having regular blood pressure tests was 90.3%, which was 8.4% above the CCG average.
- The dementia diagnosis rate was below the CCG and national average at 76.9%.

In response to those areas where performance was worse than average, the practice had begun to establish clinical leads to oversee regular health checks. The leadership team told us they had also appointed a new practice manager who would take over after the retirement of current practice manager and would be reviewing QOF data.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years. Audits were on epilepsy management and hypertension.

Improvements made were implemented and monitored. For example, recent action taken as a result of the hypertension audit included referring patients with high readings of blood pressure to a dietician and the practice nurse for lifestyle advice. Medication reviews for these patients were also completed. The audit cycle which began in 2013 found that there were a total number of 638 patients and 98 of these patients had a blood pressure reading above the recommended target. By the end of the second cycle of the audit in 2015 the aim of the cycle was to follow up the 98 patients identified in the first cycle and identify newly diagnosed hypertensive patients. The audit found 657 hypertensive patients with an increase of 19 patients from the first audit and 99 patients with a high blood pressure reading. All patients received intervention and advice on the management of hypertension.

### Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, practice meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness, customer care. Staff had access to and made use of e-learning training modules and in-house and external training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and its intranet system. This included care and risk assessments, care plans, medical records and test results.

# Are services effective?

## (for example, treatment is effective)

Information, such as NHS patient information leaflets, were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff told us they worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital or when at risk of hospital admission. We did not see evidence to confirm that multi-disciplinary team meetings took place, although, care plans were routinely reviewed and updated with professionals by GPs contacting other health and social care professionals directly.

The practice was using computerised tools to identify patients who were at high risk of admission to hospital. Although the practice was coordinating patient care and sharing information the process would be further improved by the practice holding clinical meeting and discussing high risk patients.

### Consent to care and treatment

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

the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice nurse underwent training on smoking cessation in 2014 and was now able to run clinics and give one to one support on stopping smoking.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84.39%, which was above the national average of 81.88%. There was a policy to offer both written and telephone reminders to patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 84.6% to 90.44% and for five year olds from 66% to 97.9%. Flu vaccination rates for the over 65s were 76.92%, and at risk groups 56.45%. These were above the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

Out of the 47 patient CQC comment cards we received, 44 were positive about the service experienced. Three comment cards told us they were unhappy about the waiting times for appointments. Overall, patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. The PPG met on a quarterly basis and had seven members.

Results from the national GP patient survey showed results were slightly below the CCG average for its patient satisfaction scores in the levels of confidence and trust patients had in their doctors and nurses at the practice. For example:

- 76.3% said the GP was good at listening to them compared to the CCG average of 83.7% and national average of 86.8%.
- 76.7% said the GP gave them enough time compared to the CCG average of 83.7% and national average of 86.8%.
- 91.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.2% and national average of 95.3%

- 84.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 95% and national average of 97.2%.
- 84.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85.9% and national average of 90.4%.
- 85.7% patients said they found the receptionists at the practice helpful compared to the CCG average of 82.6% and national average of 85.2%.

The practice had also completed a practice survey with 50 patients. Every third patient who visited the practice was given a questionnaire to complete for four weeks in September 2014. The data was analysed and the practice found the main areas for improvement was required for patients being able to book appointments online. The practice responded to the feedback by extending opening hours and longer sessions were created. The practice also increased the numbers of clinical staff to support increased availability of appointments. The provision of online appointment booking was being looked into.

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

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views. These comments were supported by the in house patient satisfaction survey.

Results from the national GP patient survey we reviewed showed results were slightly below local and national averages. For example:

- 73.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86.3%.
- 66.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.9% and national average of 81.5%.

The practice in house patient survey also had similar results. For example, when 50 patients were asked whether



## Are services caring?

their GP gave them enough time, seven patients out of 50 said they found the service satisfactory. Only 20 out of 50 patients said they found the service satisfactory when asked whether their GP listened to them. The practice responded through meeting with the PPG which met on a regular basis and submitted proposals for improvements to the practice management team.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. However, there was no practice register of all

people who were identified as carers. The practice supported carers by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. We saw that information on bereavement services was available also in the patient waiting area and on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

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

- The practice offered a 'Commuter's Clinic' on a Monday for working patients who could not attend during normal opening hours on Monday from 18.30pm to 19.30pm.
- There was a specific clinic available weekly for women and children.
- There was a specific clinic available weekly for older people.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions
- There were disabled facilities, hearing loop and translation services available. Staff at the practice spoke a number of community languages.
- Clinical rooms were available downstairs for patients to be seen should they be unable to climb stairs and this was flagged on the practice computer system.
- Those patients living with dementia received home visits.
- The practice had an equal opportunities and anti-discrimination policy which was available to all staff. Staff had received training on equality and diversity

### Access to the service

The practice was open between 08:00 and 18.30 Monday to Friday, except Thursdays when the practice closed at 13.00pm. Extended hours surgeries were offered from 18.30 to 19.30 on Monday. In addition, pre-bookable appointments could be booked up to four weeks in advance, urgent appointments were also available for people that needed them on the day.

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

- 76.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 68.7% and national average of 75.7%.
- 92.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 67.7% and national average of 73.8%.
- 75.9% patients described their experience of making an appointment as good compared to the CCG average of 67.7% and national average of 73.8%.
- 44.7% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.4% and national average of 65.2%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice and who led on all aspects of patient liaison including supporting the Patient Participation Group (PPG).

We saw that information was available to help patients understand the complaints system. There was a copy of the complaints procedure on display in the waiting area, including information on the Patient Advice and Liaison service (PALS). We also saw information on how to complain in the practice leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found that all had been dealt with in a timely way and handled sensitively and compassionately. We noted that complaints had been handled with openness and transparency and were regarded as a significant event for discussion.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Complaints were well documented to include, date received, date acknowledged, the nature of the complaint, who led the response and investigation and what action

## Are services responsive to people's needs? (for example, to feedback?)

had been taken as a result. For example, we saw two complaints on issues with repeat prescriptions. We noted that an annual complaints review had taken place in June 2015 to analyse and address themes.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed on the practice website and staff knew and understood the values. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had recruited a practice manager to take over when the current practice manager retired at the end of 2015 to continue supporting the delivery of the practice's plans and to drive improvement in governance arrangements.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- An understanding of the performance of the practice
- A programme of continuous clinical and internal audit had commenced which was used to monitor quality and to make improvements
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

However, in regard to risk management although risks had been identified, recorded, and managed there were no robust arrangements for reviewing staff training in infection control and the implementation of regular clinical and multi-disciplinary meetings.

### Leadership, openness and transparency

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and

compassionate care. They were visible in the practice and staff told us they were always approachable and took the time to listen to all members of staff. A culture of openness and honesty was encouraged. We observed this on the day of our visit.

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

The recruitment of a number of staff including, a qualified practice manager, a locum female GP, a salaried GP had supported the leadership in dealing with the complexities of managing a practice. For example, increasing capacity to support the improvement of outcomes, identifying clinical leads and QOF areas to drive forward improvement.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, opening hours were extended and longer sessions were created. A comprehensive training programme was developed for all reception staff with a focus on customer service. Increased numbers of clinical staff supported increased availability of appointments.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The registered person had not assessed the risks associated with not having an automated external defibrillator (AED) (a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a patient) 12 (1).

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The infection control leads receive training in infection control, annual infection control audits are undertaken.12, (a) (c) (h).

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Ensure safe systems are in place for the management of medicines. The appropriate action must be taken to ensure the fridge temperature is independently calibrated every month against the independently powered external thermometer and review the recording of temperatures, 12 (e) (g).