

# Dr Daya Nand Das

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Das on 6 October 2016. Overall the practice is now rated as requires improvement.

The practice had been previously inspected on 25 February 2016. Following this inspection the practice was rated overall inadequate with the following domain ratings:

Safe – Inadequate

Effective – Inadequate

Caring – Requires improvement

Responsive – Requires improvement

Well-led – Inadequate

The practice was placed in special measures and two warning notices were issued for regulations 12 (Safe Care and Treatment) and 17 (Good Governance).

A focussed inspection took place on 29 July 2016 to monitor progress by the practice on the breaches of regulations detailed in the warning notices. The findings of the focused inspection demonstrated improvement in response to the warning notices served.

Following this re-inspection on 6 October 2016 our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However there was no evidence to demonstrate learning and positive outcomes for patients.
- Risks to patients were assessed and managed.
- The GP assessed patients' needs and delivered care in line with current evidence based guidance. However there were no assurances that any locum or temporary staff used by the practice had the appropriate training, skills or knowledge.
- At the time of inspection the practice did not have any practice nursing staff to support the GP and we saw no evidence of any future arrangements to address this.

# Summary of findings

- 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.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was evidence of clinical audits but some had not had a completed cycle. We saw minimal evidence that audits were driving improvement in performance to improve patient outcomes.
- There was a leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on and there was an active patient population group (PPG).
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Investigate safety incidents more thoroughly and ensure that any learning from these is cascaded to staff.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision to include robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Put systems and processes in place to ensure all clinicians, including locum GPs, are kept up to date with national guidance and guidelines.

In addition the provider should:

- Consider employing a practice nurse to contribute to patient care as soon as reasonably possible.
- Ensure clinical waste bins are out of reach of children
- Ensure all clinical audits demonstrate a two audit cycle to support quality improvement for patient outcomes.

I am taking this service out of special measures. This recognises the improvements made to the quality of care provided by this service.

**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.

- There was a system in place for reporting and recording significant events
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- 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.

Requires improvement



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However data for foot examinations for patients with diabetes was low and there was no evidence the GP had taken any action to address this shortfall within the practice but had only contacted the local podiatry service to ask for more appointments.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was minimal evidence that audit was driving improvement in performance to improve patient outcomes.
- The GP had the skills, knowledge and experience to deliver effective care and treatment. However there were no systems or processes in place to demonstrate that any locum or temporary staff used by the practice had the appropriate training, skills or knowledge.
- There was evidence of appraisals and personal development plans for all permanent staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The practice had adequate 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

**Requires improvement**



- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However there were no outcomes recorded from these.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice did not have an understanding of their performance and did not have systems in place to monitor performance and make improvements.

# 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 requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group. .

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was no practice nurse to contribute to the care of this patient population group.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe, effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group.

- The GP had the lead role 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 an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification, was 62% which was significantly below the national average of 88%. At previous inspections the practice could not offer an explanation as to why this was so low or demonstrate a plan to improve these results. At this inspection we saw evidence the practice had taken some action to address this shortfall with the

**Requires improvement**



# Summary of findings

contracted provider of this service. This was by writing to the podiatry service to ask for more timely access to appointments for their patients. However the GP had not taken any action to address this shortfall within the practice.

- There was no practice nurse to contribute to the care of this patient population group.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group.

- 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 generally comparable to Clinical Commissioning Group (CCG) and national averages 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.
- We saw positive examples of joint working with midwives and health visitors.
- There was no practice nurse to contribute to the care of this patient population group.

**Requires improvement**



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

The practice is rated as requires improvement for the care of working age people. The provider was rated as requires improvement for safe, effective and for well-led. The issues identified as requires improvement overall 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Requires improvement**



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances make them vulnerable. The provider was rated as requires improvement for safe, effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with 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.
- 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.
- There was no practice nurse to contribute to the care of this patient population group.

Requires improvement



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

The practice is rated as requires improvement for the care of people experiencing poor mental health. The provider was rated as requires improvement for safe, effective and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement





## Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance was variable in comparison with local and national averages. 322 survey forms were distributed and 103 were returned. This represented about 7% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 88% 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 85% and the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 70% 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 79% 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 34 comment cards which were all positive about the standard of care received. However, some patients commented that on occasion they were not seen on time for their appointment.

We spoke with two patients, who were also members of the patient participation group (PPG), during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Information from the "Friends and Family Test" indicated that the vast majority of patients completing the form were extremely likely or likely to recommend the practice to others.

## Areas for improvement

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

- Investigate safety incidents more thoroughly and ensure that any learning from these is cascaded to staff.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision to include robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.

- Put systems and processes in place in place to ensure all clinicians, including locum GPs, are kept up to date with national guidance and guidelines.

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

- Consider employing a practice nurse to contribute to patient care as soon as reasonably possible.
- Ensure clinical waste bins are out of reach of children
- Ensure all clinical audits demonstrate a two audit cycle to support quality improvement for patient outcomes.

# Dr Daya Nand Das

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

## Background to Dr Daya Nand Das

The practice had been previously inspected on 25 February 2016. Following this inspection the practice was rated Inadequate. The practice was placed in special measures and two warning notices were issued for regulations 12 (Safe Care and Treatment) and 17 (Good Governance). A focussed inspection took place on 29 July 2016 to monitor progress by the practice on the breaches of regulations detailed in the warning notices. The findings of the focused inspection demonstrated improvement in response to the warning notices served.

This practice is located in Leigh and is also known as Direct Access Surgery. The practice provides services from a modified terrace house. Consultation rooms are on both ground floor and first floor (for suitable patients). At the time of our inspection there were just over 1500 patients registered with the practice. It is a member of NHS Wigan Borough Clinical Commissioning Group (CCG).

There are a higher proportion of patients above 65 years of age (21%) than the practice average across England (17%). There are a high proportion of patients registered who have a long standing health condition (68%) compared to the CCG (57%) and National (54%) averages. Data showed there was a 25% turnover of patients per year.

There is one GP (male). There is also a practice manager and two supporting administration and reception staff. There is a female locum GP used by the practice on a Monday afternoon but there are no practice nursing staff.

The practice delivers commissioned services under the Personal Medical Services (PMS) contract. It offers direct enhanced services for the childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, minor surgery, patient participation, rotavirus and shingles immunisation and unplanned admissions.

The practice is open from 9am to 6.30pm from Monday to Friday with the exception of Thursday when there are extended hours are 8am to 7.30pm and Wednesday when the practice closes at 1pm. Cover is provided through the out of hours service on a Wednesday afternoon.

Patients can book appointments in person or via the phone. Emergency appointments are available each day. There is an out of hours service available provided by Bridgewater Community Health Care Trust and commissioned by Wigan Borough CCG.

## 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.

# Detailed findings

## 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 October 2016. During and prior to our visit we:

- Reviewed information available to us from other organisations e.g. NHS England, CCG and Healthwatch.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke with clinical and non-clinical staff, members of the patient participation group (PPG) and patients.
- Reviewed patient survey information.
- Observed how people were being cared for and talked with carers and/or family members.
- 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 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)

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

# Are services safe?

## Our findings

Our inspection of 25 February 2016 found that there was a system in place for reporting incidents and recording significant events but this was not effective. We determined the practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, and risks to patients were not assessed and well managed. The practice also had inadequate arrangements in place to respond to emergencies and major incidents. During the focussed inspection of 29 July 2016 and this inspection we found that some improvements had been made in all these areas. At the inspection of 6 October 2016 we found some further areas had been addressed but there was still improvement to be made:

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- On this inspection we saw evidence that significant events had been discussed at practice meetings but there was still no annual review of them or systematic analysis or any outcomes recorded. Although we saw evidence that these were discussed at staff meetings with all four permanent staff members there was no evidence that improvements and learning had taken place.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. However we did not see evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. The GP was the lead for safeguarding. The GP 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 on safeguarding children and vulnerable adults relevant to their role. The GP was trained to safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However clinical waste bins were not kept in a safe place out of the reach of children but at the side of the GP's desk on the floor. They were not moved at the time we highlighted this. The practice informed us several weeks after the inspection they had rectified this matter.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

## Are services safe?

- We reviewed three personal files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The personal file for the GP was not available to us at the time of inspection.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

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

### Arrangements to deal with emergencies and major incidents

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

- Staff received annual basic life support training and there were emergency medicines available in the treatment room. We saw evidence that the latest recruited member of staff had been booked on training in December 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a 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

Our inspection of 25 February 2016 found that the practice did not have systems in place to ensure all clinical staff were up to date with clinical guidelines, staff had an appraisal completed but it did not identify learning and practice development needs. During the focussed inspection of 29 July 2016 we identified that little progress had been made in these areas however on this inspection we found that improvements had been made in some of these areas but there was still areas that required improvement.

### Effective needs assessment

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

- The practice had systems in place to keep the GP up to date. The GP had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However there was no evidence provided to demonstrate how any locum or temporary staff used by the practice were kept up to date with clinical procedures guidance.

### 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). At the time of our inspection unverified results showed the practice had achieved 95% of QOF points available compared to the CCG average of 96% and national average of 95% and with 3.1% exception reporting. The latest published data showed;

- The percentage of patients with diabetes, on the register, in whom the last IFCHbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 78% which was comparable to the national average of 77%.

- The percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 April to 31 March (01/04/2014 to 31/03/2015) was 95% which was comparable to the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 62% which was significantly below the national average of 88%. At previous inspections the practice could not offer an explanation as to why this was so low or demonstrate a plan to improve these results. At this inspection we saw evidence the practice had taken some action to address this shortfall with the contracted provider of this service. This was by writing to the podiatry service to ask for more timely access to appointments for their patients. However the GP had not taken any action to address this shortfall within the practice.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% which was above the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% which was above the national average of 90%.

Clinical audits demonstrated quality improvement.

- During previous inspections we identified there had been a series of clinical audits commenced in the last two years, however none of these were completed audits and there were no improvements made or implemented as a result of these. Most audits were medicine and prescribing audits that were instigated and undertaken by the CCG pharmacy technician. However we noted at the focused inspection on 29 July 2016 that there was an audit completed by the GP on the use of benzodiazepines due to their high prescribing of these. This audit not only demonstrated a full cycle but there was a decrease in prescribing noted on the second cycle. This was the only evidence we saw of a



# Are services effective?

## (for example, treatment is effective)

completed audit and there was minimal evidence that audits were driving improvement in performance to improve patient outcomes. There were no audits completed or in progress since the focused inspection.

### Effective staffing

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

- At the 25 February 2016 inspection we noted staff had an appraisal completed but it did not identify learning and practice development needs. However on this inspection we noted that recent appraisal and induction documentation had identified learning and practice development needs such as safeguarding training for the newest member of staff.
- The practice did not have any practice nursing staff. This had a significant impact on the ability of the practice to meet the needs of patients in terms of long term conditions and health checks. At this inspection we were informed that the GP was covering all practice nursing duties.
- The practice had an induction programme for all newly appointed staff. This comprised staff having to complete an induction booklet.
- We were informed that the locum female GP, who worked in the practice on a Monday afternoon, was responsible for taking samples for the cervical screening programme. They were not present at this inspection.
- Staff had access to training to meet their learning needs and to cover the scope of their work such as basic life support, manual handling, infection control, equality and diversity and safeguarding.

### Coordinating patient care and information sharing

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

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

The GP 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. We saw evidence that multi-disciplinary team meetings took place on a regular basis.

### Consent to care and treatment

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

- The GP 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, the GP carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent consistently applied.
- We saw evidence that reception staff had been booked on forthcoming mental capacity act training.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives and those with a learning disability. They did formally identify patients with caring responsibilities.
- Patients who required counselling were referred to another service in the area.
- The practice had access to the community link worker (CLW). The CLW took referrals for patients who need extra help, but not necessarily medical help. It could vary from advice on benefits to social issues such as loneliness and not knowing which services are available and how they can be accessed. This service worked in co-operation with Age UK so that patients over 65 were be linked to the services available through them. The practice had made two referrals since this service had been operating.

The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years (01/04/2014 to 31/03/2015) was 77% which was below the national average of 82%. We were told the female locum GP did some cervical smears on a Monday afternoon and that at other times patients were referred to the family planning clinic.



# Are services effective?

(for example, treatment is effective)

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 73% to 100% and five year olds from 50% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. However the practice did not proactively offer these health checks to patients but only when they attended the practice.

# Are services caring?

## Our findings

Our inspection of 25 February 2016 found that the practice had no system in place to alert the GP if a patient was also a carer and there was limited and outdated information for carers in the waiting area. On this inspection we found that improvements had been made in this area.

### Kindness, dignity, respect and compassion

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

- No curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments but there was a screen in the GP consulting room and the treatment room.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was limited access to a female GP and the practice had no practice nursing staff.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%. However since publication of these results the locum practice nurse had stopped working for the practice and they had not been replaced.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 84% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 89% and the national average of 85%. However since publication of these results the locum practice nurse had stopped working for the practice and they had not been replaced.

## Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

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

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

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.

On the 25 February 2016 inspection we saw there was no system in place to alert the GP if a patient was also a carer and the notice board in the reception area provided some limited and outdated information for carers. However on this inspection we saw the practice's computer system alerted GPs if a patient was also a carer. The practice had a staff member designated as the carer's lead and had identified 15 patients as carers (about 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Our inspection of 25 February found that learning from complaints was not shared and disabled access to the practice was limited. During this inspection we found that improvements had been made in these areas.

### Responding to and meeting people's needs

The practice had not reviewed the needs of its local population or engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Thursday evening from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- On 25 February 2016 inspection we noted that disabled access to the treatment rooms and other facilities was limited. For example the downstairs toilet had a disabled sign on the door but this could not be accessed by a patient in a wheelchair. Also a wheelchair bound patient could not access the downstairs treatment room that was used for minor surgery. However we observed during this inspection that building work had been completed to make the downstairs toilet accessible for wheel chair patients and that the treatment room had been modified to facilitate disabled access.
- There were translation services available.

### Access to the service

The practice was open from 9am to 6.30pm from Monday to Friday with the exception of Thursday when there were extended hours from 8am to 7.30pm and Wednesday when the practice closed at 1pm. Cover was provided through the out of hours service on a Wednesday afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was usually above the local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to CCG average of 81% and the national average of 76%. We noted that the practice had changed its opening hours to allow better access to the service for the patient population since the publication of the patient survey.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at all complaints received in the last 12 months and found these were satisfactorily handled. On previous inspections we did not see any evidence of shared learning from these however on this inspection we saw that complaints were discussed at team meetings and with appropriate external organisations.

# Are services well-led?

Requires improvement 

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

## Our findings

Our inspection of 25 February 2016 found that some policies and procedures were not always practice specific, some were overdue a review and some did not contain enough detail to guide staff. Also minutes of staff meetings had not been produced for a long period of time. During this inspection we found that some improvements had been made in these areas.

### Vision and strategy

The practice did not have a clear vision or strategy for the practice.

- The practice did not have a mission statement or a clear vision or strategy.
- On this inspection we reviewed the practice policy file. All policies had been reviewed and staff had signed to say they had been seen by staff. However there was no plan in place to regularly review policies or a system in place to determine which policies were relevant to the delivery of services within the practice.

### Governance arrangements

The practice did not have a governance framework which adequately supported the delivery of good quality care.

- The practice had noted the findings of previous inspection reports and had ensured some practice specific policies were implemented and were available to all staff. However not all policies were practice specific and some were still generic policies.
- A comprehensive understanding of the performance of the practice was maintained
- There was no programme of continuous clinical audit that was used to monitor quality and to make improvements.
- There were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a single handed GP who was supported by locum GPs when needed.

### Leadership and culture

Staff told us GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice.

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

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

- The practice had gathered feedback from patients through surveys and complaints received.
- The practice had 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. Staff told us they felt involved and engaged to improve how the practice was run.
- There had been a patient participation group (PPG) for approximately four years. We met with two members individually who told us they met four times a year. The group told us they were unsure of their remit and that they had not influenced any changes for the benefit of the practice.

### Continuous improvement

During this inspection the practice did not demonstrate any focus on continuous learning and improvement at the practice.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There were limited formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. The systems and processes in place did not enable the provider to identify where quality and safety were being compromised and had not always responded appropriately and without delay.</p> <p>The practice did not investigate safety incidents thoroughly enough and did not have robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.</p> <p>There were no systems and processes in place to ensure all clinicians, including locum GPs, were kept up to date with national guidance and guidelines</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>