

Dr Sickan Subramaniam

Quality Report

South Hornchurch Health Centre,
Mungo Park Surgery,
106 South End Road ,
Rainham,
Essex, RM13 7XJ
Tel: 01708 554797
Website: www.mungoparksurgery.co.uk

Date of inspection visit: 29 April 2016
Date of publication: 02/11/2016

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?

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 Sickan Subramaniam on 29 April 2016. Overall the practice is rated as requires improvement.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. 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 a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- To ensure the procedure for staff recruitment includes: undertaking all relevant pre-employment checks to verify that staff are of good character and have the qualifications, competence, skills and experience which are necessary for them to discharge their role.

Summary of findings

The area where the provider should make improvement is:

- To review how it identifies patients with caring responsibilities to ensure information advice and support is available to all.
- To use a programme of quality improvement activities including completed two-cycle audits to show that improvements have been identified and achieved. .

- Implement, monitor and review actions identified to improve care for patients experiencing poor mental health, and those with long-term conditions.
- To consider how to address patient preference for a female GP.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Personnel files showed that not all appropriate recruitment checks had been undertaken prior to employment. For example, files lacked: evidence of proof of identity; interview summaries; evidence of satisfactory conduct in previous employment; and induction checklists.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average in most areas. However, there was higher than average exception reporting for patients with long-term conditions.
- Performance for some mental health related indicators was below average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had only undertaken one completed two cycle audit in the last two years, but it was able to show that it undertook other quality improvement activities.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice actively participated in the NHS England initiative to avoid unplanned admissions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safety and for effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice followed the gold standard framework for providing end of life care to patients. This enabled all involved in their care to know the patients' chosen place of care.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and for effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had excepted 67% of patients with cardio-vascular disease compared to a CCG average of 41% and a national average of 30%. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 77% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less, compared to a local average of 80% and a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safety and for effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice

- 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.
- 85% of women aged 25-64 notes recorded that a cervical screening test had been performed in the preceding 5 years, compared to a local average of 82% and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and for effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and for effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Only 33% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (CCG average 92%, national average 88%).
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months, compared to a local average of 92% and a national average of 90%.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed that the practice was performing in line with local and national averages. Two hundred and seventy-five survey forms were distributed and 119 were returned. This represented 4% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 75% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Patients said they were always treated with care, dignity and respect by the doctors and staff. A number of patients described the practice as excellent. Only two patients mentioned having to wait for an appointment after their appointment time as a negative issue.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Ninety percent of patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- To ensure the procedure for staff recruitment includes: undertaking all relevant pre-employment checks to verify that staff are of good character and have the qualifications, competence, skills and experience which are necessary for them to discharge their role.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement is:

- To review how it identifies patients with caring responsibilities to ensure information advice and support is available to all.
- To ensure that clinical audits including re-audits or other quality improvement activities are completed to ensure improvements have been identified and achieved.
- Implement, monitor and review actions identified to improve care for patients experiencing poor mental health, and those with long-term conditions.
- To consider how to address patient preference for a female GP.

Dr Sickan Subramaniam

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Sickan Subramaniam

Dr Sickan Subramaniam provides primary medical services in Havering to approximately 3200 patients and is one of 52 member practices in the NHS Havering Clinical Commissioning Group (CCG).

The practice population is in the fifth less deprived decile in England. The practice population has a lower than average percentage of working age people between the ages of 20 to 44, with a greater than average percentage of people aged 65 or older of 25% (CCG 18%, national 17%). The practice had surveyed the ethnicity of approximately 54% of the practice population and had determined that 79% of patients identified as having white ethnicity, 5% Asian, 9% black and 4% as having mixed or other ethnicity.

The practice operates from a purpose built property with all patient facilities on the ground floor which is wheelchair accessible. The offices for administrative and management staff are also on the ground floor.

The practice operates under a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services. This contract allows the flexibility to offer local services within the contract) and provides a number of local and

national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: childhood vaccination and immunisation scheme; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; learning disabilities; rotavirus and shingles immunisation; unplanned admissions.

The practice team at the surgery is made up of one full-time male GP along with two part-time male locum GPs each working two sessions per week. The doctors provide a total of 11 clinical sessions per week. The nursing team consists of one part-time female nurse. There is also a full-time practice manager and five admin and reception staff.

The practice is open between 9.00am to 12.30pm and 1.30pm to 6.30pm Monday to Wednesday and Friday. On Thursdays the practice is open from 9.00am to 1.00pm. Appointments are available on:

Monday from 9.30am to 12.00pm and 3.30pm to 6.00pm.

Tuesday from 9.30am to 12.00pm and 4.00pm to 6.00pm.

Wednesday from 9.30am to 12.00pm including a baby clinic and 4.00pm to 6.00pm.

Thursday from 9.30am to 12.00pm.

Friday from 9.30am to 12.00 and 3.30pm to 6.00pm

The practice does not open on a weekend, and has opted out of providing out of hours (OOH) services to their own patients between 6.30pm and 9.00am. instead, it directs patients to the OOH provider for NHS Havering CCG.

Detailed findings

Dr Sickan Subramaniam is registered as a sole practitioner with the Care Quality Commission to provide the regulated activities of Treatment of disease, disorder or injury; Maternity and midwifery services; Diagnostic and screening procedures

Dr Sickan Subramaniam has not previously been inspected by CQC.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 April 2016. During our visit we:

- Spoke with a range of staff including GP, nurse, administrator and receptionists and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient attended the practice for a vaccination. Before administering the vaccine the nurse realised it was not the correct one. The practice apologised to the patient, and provided the correct replacement vaccine. The practice reflected, in a practice meeting, that the two vaccines had very similar names and agreed that in future GPs would always double check the precise vaccine to be given.

Overview of safety systems and processes

The practice had clearly 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. 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 on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse were trained to child protection or child safeguarding level 3.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place 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.
- 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. Patient Group Directions (PGDs) (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- 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).
- We reviewed five personnel files but found that not all evidence of proof of identity; interview summaries; evidence of satisfactory conduct in previous employment; and induction checklists.

Are services safe?

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. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available.

There was one area where the practices' QOF exception reporting that was significantly above local and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice had excepted 67% of patients with cardio-vascular disease compared to a CCG average of 41% and a national average of 30%.

Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 77% compared to the CCG average of 80% and the national average of 78%.
- Performance for mental health related indicators was varied. For example, 100% of patients with schizophrenia, bipolar affective disorder and other

psychoses had had their alcohol consumption recorded in the preceding 12 months (CCG average 92%, national average 90%). However, Only 33% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (CCG average 92%, national average 88%).

- There were some areas where the practices' performance was significantly worse than national averages, for example:
 - The ratio of reported versus expected prevalence for coronary heart disease (CHD) for the practice was 0.5 compared to a national average of 0.7.
 - 65% of female patients, 50-70, had been screened for breast cancer within 6 months of invitation compared to a CCG average of 75% and a national average of 73%.

The practice told us that it had had an influx of a large number of patients (in excess of 1000 new patients registered, increasing the list size by approximately 45%) following the closure of a neighbouring GP practice in May 2014. The practice had not been warned of the closure and there had been no access to those patients records for up to a year. Accordingly, there may have been historic coding errors carried through in the records that the practice had not identified during the QOF year 2014-15. It had worked to improve the areas of low performance. For example, in regard to patients with schizophrenia, bipolar affective disorder and other psychoses the practice was able to show us that for the current year it had agreed care plans documented in the patients records for 88% of those patients.

- There had been six clinical audits undertaken in the last two years, however, only one of these was a completed two cycle audit where the improvements made were implemented and monitored. The practice had undertaken an audit of a sample group of 35 of its patients who were at risk of cardio-vascular disease, and were taking statins (Statins are a group of medicines that can help lower the level of low-density lipoprotein (LDL) cholesterol in the blood. LDL cholesterol is often referred to as "bad cholesterol", and statins reduce the production of it inside the liver.). NICE (National Institute

Are services effective?

(for example, treatment is effective)

for Health and Care Excellence) guidelines require practices to conduct a risk assessment before prescribing statins to patients. After the first cycle of the audit the practice found that 33 of the 35 patients had not had the risk assessment conducted before being prescribed statins. The practice set itself the target of ensuring prescribing of statins followed NICE guidelines. On re-audit the practice took another sample of 35 patients. It found that 17 patients had been prescribed statins in line with NICE guidelines; the other 18 patients had transferred to the practice and had been prescribed statins by their previous GP, but had not had the risk assessment done before they had been prescribed the medicine.

- The practice was able to show evidence of quality improvement activity. It had a greater than average old age population, for example 25% of the practice population was over 65 years of age. The practice had trained its staff in, and implemented, the gold standard framework for providing end of life care for patients. This recorded patient's preferred place of care, which was then available to other groups providing care to the patient to ensure that the patients' wishes were taken into account.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house 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 their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and asthma. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice were available from a local support group.

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

by those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 80% to 82% and five year olds from 60% to 68%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Only two cards mentioned having to wait for their appointment. The practice told us that if the clinic ran late reception staff would explain the reason and apologise to patients.

We spoke with five members of the patient participation group (PPG). 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. They felt listened to and trusted their GP.

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

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.

- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.
- However, only 62% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

The practice had previously been unable to recruit a salaried GP because it had been in protracted negotiations with its landlord to obtain an extra room for a second GP. It had recently secured another room and was actively searching for a salaried GP. At the time of our visit, however, the practice was reliant on using locums.

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 responses to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- However, only 58% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

The practice told us that the large number of new patients that had registered with the practice had meant that there was more use of locum GPs. Patients did not have the same level of trust and confidence in the locum GPs.

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.
- Information leaflets were available in easy read format.
- Leaflets advised patients about both NHS and private referral options.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The practice offered carers referrals to a local support group, and to the local authority for other assistance. However, the practice had only identified 28 patients as carers (less than 1% of the practice list).

Staff told us that if families had suffered bereavement, their usual GP contacted them or 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 and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, and translation services were available, but there was no hearing loop in reception. Staff told us that they knew most deaf patients and would take them to a spare room if they needed to discuss something and did not wish to be overheard.
- Staff told us about various ways they had supported the local population. On one occasion a housebound patient had telephoned and mentioned that they had no food. A member of staff had taken them some food. The staff had also dropped off prescriptions to vulnerable patient's homes or to their chosen pharmacy.
- The practice actively participated in the NHS England initiative: avoidance of unplanned admissions. A care plan was completed for each patient on the register (2% of the patient population) which had helped to focus on optimizing coordinated care for those patients and how they could be best managed at home. Patients on this register were provided with information on what to do in case of emergency.

Access to the service

The practice was open between 9.00am to 12.00pm and 1.30pm to 6.30pm Monday to Wednesday and Friday. On Thursdays the practice was open from 9.00am to 1.00pm. Appointments were available on:

- Monday from 9.30am to 12.00pm and 3.30pm to 6.00pm.

- Tuesday from 9.30am to 12.00pm and 4.00pm to 6.00pm.
- Wednesday from 9.30am to 12.00pm including a 30 minute baby clinic and 4.00pm to 6.00pm.
- Thursday from 9.15am to 12.15pm.
- Friday from 9.15am to 12.15 and 3.00pm to 6.30pm

In addition to pre-bookable appointments that could be booked up to two months 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 comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% of patients said they could get through easily to the practice by phone compared to the 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.

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. Patients were made aware of how to complain by a poster displayed in the waiting area, there was also information about how to complain in the practice leaflet and on its website.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to improve the quality of care. For example, a patient complained that

they had been ignored whilst standing at the reception window. The practice investigated and found that the front receptionist had had to leave the reception area. This had left a second member of staff whose seating position was away from the front desk who had been unaware of the patient who came to the window. The practice wrote and apologised to the patient. It also implemented instructions to the reception staff that if the person at the front desk had to leave reception they should advise the other member of staff who would then deal with any patients coming to the window.

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 in the waiting areas, on its website and in its practice leaflet and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the principal GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP 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 GP and practice manager encouraged a culture of openness and honesty. 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
- The practice kept written records of verbal interactions as well as written correspondence.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG were concerned that the GPs car was often blocked-in in the car park and that it could prevent him from making urgent home visits. They had proposed that there be alterations to the parking arrangements to prevent this from happening.
- The practice had gathered feedback from staff through social events and generally 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,

Are services well-led?

Good 

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

on several occasions staff had noticed changes in patient's behaviour and passed this information on to the GP. This had occasionally resulted in the patient being assessed and diagnosed with memory problems. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

The practice participates in the choose and book service. Patients being referred to hospital for specialist treatment were offered up to three hospitals and were able to book appointments directly with the hospital of their choice.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Maternity and midwifery services	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
	How the regulation was not being met:
	The provider had failed to ensure that persons employed for carrying out the regulated activities were of good character and had not ensured that information specific to schedule three was in place.
	This was in breach of regulation 19 (1)(a) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.