Dr T Ganesh and Dr S Shanmugaratnam

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?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr T Ganesh and Dr S Shanmugaratnam (also known as Parkview Surgery) on 11 May 2016. A breach of legal requirements was found in relation to regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook an announced focussed inspection on 21 June 2017 to check that the practice now met the legal requirements. During this inspection we found that some areas had been addressed, but we found some further areas of concern which required further investigation. Therefore, the decision was made to extend the focussed inspection to a full comprehensive inspection, and we returned to the practice for an announced visit on 5 July 2017 in order to consider the areas which had not been covered during the focussed inspection and to look in further detail into the areas of concern we had noted. This report covers our findings from the inspections on 21 June 2017 and 5 July 2017. You can read the report from the initial comprehensive inspection by selecting the 'all reports' link for Dr T Ganesh and Dr S Shanmugaratnam on our website at www.cqc.org.uk.

Overall the practice was rated as good following the initial comprehensive inspection on 11 May 2016. They were rated as requires improvement for providing safe services. Following the re- inspection we rated the practice as good for providing safe, caring and responsive services, and requires improvement for being effective and well led resulting in an overall rating of requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events; however, there could sometimes be a delay in incidents being formally recorded.
- The practice had systems to minimise risks to patient safety; however, those relating to the recording of patient information and the management of uncollected prescriptions needed improvement.

Summary of findings

- Patient information was not always recorded and stored in a way that ensured that effective care could be provided, and staff had not received training in information governance.
- Data relating to the practice's management of patients with long-term conditions was mixed, and in some areas the practice had excepted a high proportion of eligible patients. The practice also had a below average uptake amongst its patients for cancer screening and childhood immunisation programmes.
- Results from the national GP patient survey were mixed, with the practice scoring below average in some areas relating to the service provided by doctors and nurses.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a documented leadership structure and staff felt supported by management; however, in some areas, such as infection prevention and control, there was a lack of clarity about who was responsible. The practice met occasionally as a team, but these meetings were not held consistently and minutes were not always taken.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

Importantly, the provider must:

- Ensure that staff are aware of their responsibilities in relation to information governance, and that a complete and contemporaneous record is kept in respect of each service user in an accessible way.
- Review, and put in place measures to improve, areas where patient outcomes are below average, in particular in relation to the proportion of patients excepted from the Quality and Outcomes Framework and the uptake of cancer screening and childhood immunisation programmes.
- Ensure that minutes of internal meetings are taken consistently.

In addition the provider should:

- Review the significant events process to ensure prompt recording.
- Review the process for checking uncollected prescriptions so it is consistently implemented across both sites.
- Consider whether it is appropriate to provide patients with a copy of their care plan.
- Review and address areas where patients have rated the service below average as part of the NHS GP Patient Survey.
- Ensure that patients are aware that translation services are available.
- Review the allocation of tasks and responsibilities within the practice to ensure that all staff are clear about their roles.

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?

Good

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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. However, we noted that in some cases there was a delay in the significant event being formally recorded, and discussions about significant events were not always recorded.
- The practice had systems, processes and practices in place to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were largely comparable with local and national averages; however, the practice's exception reporting rate in some areas, such as diabetes, was above average.
- Patient information stored on the practice's computer system was not always complete. In some instances, information was not saved in a way that enabled it to be efficiently extracted.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care but lower than average in some areas, particularly for questions relating to the way that patients felt they were treated by GPs.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice had some understanding of its population profile; however, they did not always use this information in delivering their service. For example, they had identified that they had a significant proportion of patients who did not speak English as a first language. They had translation services available, but these were not advertised to patients. They did not provide correspondence such as invitations for childhood immunisations or cervical screening in languages other than English.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders; however, team discussions about complaints were not always recorded.

Are services well-led?

Requires improvement

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

- The practice aspired to deliver high quality care and promote good outcomes for patients; however, plans for delivering the service did not always consider the needs of all patient groups.
- There was a documented leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held meetings with staff; however, these meetings did not always occur as frequently as planned, and were not always recorded.

Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- The practice did not have an active patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs; however, copies of care plans were not routinely provided to patients.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for being effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The Quality Outcomes Framework showed that outcomes for patients with diabetes were mixed, as the practice had a significantly higher exception reporting rate for several indicators.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as requires improvement for being effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were below average for all standard childhood immunisations and the practice did not have a formal strategy in place to address this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Summary of findings

- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

Requires improvement

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

- The practice carried out advance care planning for patients living with dementia.
- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Data showed that the practice's performance for the management of mental health conditions, including dementia, were above the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 was performing in line with local and national averages. Two hundred and ninety four survey forms were distributed and 105 were returned. This represented approximately 1.5% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 78%.

We did not speak to any patients or ask patients to complete comments cards as part of this inspection; however, we noted that during the initial inspection in May 2016, patient feedback about the practice was largely positive in respect of the care provided by staff in all roles at the practice.

Dr T Ganesh and Dr S Shanmugaratnam

Detailed findings

Our inspection team

Our inspection team was led by:

The first of the two inspection visits, on 21 June 2017, was carried-out by a CQC inspector, a second inspector and a GP Specialist Advisor.

The second inspection visit, on 5 July 2017, was carried-out by two different CQC inspectors and a different GP Specialist Advisor.

Background to Dr T Ganesh and Dr S Shanmugaratnam

Dr T Ganesh and Dr S Shanmugaratnam (also known as Parkview Surgery), is located in a residential area in Burnt Oak, North London. The practice is located in shared rented premises on a residential street. There is on street parking in front of the surgery, a bay for parking for disabled patients in front of the surgery and a bus stop approximately ten minutes walk from the practice. The practice also provides services from a branch location, which is approximately a mile away. The branch practice is located within shared premises, situated within the Grahame Park housing estate.

There are approximately 6000 patients registered at the practice. Statistics shows high income deprivation among the registered population. The registered population is slightly higher than the national average for those aged between 25-44. Patients registered at the practice come from a variety of ethnic backgrounds including Asian, Western European, Eastern European and Afro Caribbean.

The practice team is made up of two female GP partners and a female salaried GP. At the time of the inspection the salaried GP was on maternity leave, and her role was being covered by two regular locum GPs. In total the practice provides 27 GP sessions per week. The nursing team consists of two female Practice Nurses (female). Five administrative staff work at the practice and are led by a Practice Manager.

The practice is open from 8am to 6:30pm on Monday, Tuesday, Wednesday and Friday, and from 8am to 1pm on Thursday. The practice offers extended hours appointments from 7:15am to 8am on Thursday mornings and from 8am to 11am on one Saturday in four.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Surgical procedures

Why we carried out this inspection

We undertook a comprehensive inspection of of Dr T Ganesh and Dr S Shanmugaratnam (also known as Parkview Surgery) on 11 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe services.We issued a requirement notice to the provider in respect of Regulation 12 (Safe care and treatment).

Detailed findings

We undertook an announced focussed inspection on 21 June 2017 to check that action had been taken to comply with legal requirements. During this inspection we found that some areas had been addressed, but we found some further areas of concern, which required further investigation. Therefore, the decision was made to extend the focussed inspection to a full comprehensive inspection, and we returned to the practice for an announced visit on 5 July 2017 in order to consider the areas which had not been covered during the focussed inspection and to look in further detail into the areas of concern we had noted. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr T Ganesh and Dr S Shanmugaratnam on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 21 June 2017 and 5 July 2017. During our visit we:

- Spoke with a range of staff including the practice manager, GP partners and administrative staff.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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.

Good

Are services safe?

Our findings

At our previous inspection on 11 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of background checks on staff carrying-out chaperoning, and the systems in place to review and monitor patients were not adequate.

These arrangements had improved when we undertook the follow up inspection visits on 21 June 2017 and 5 July 2017. The practice is now rated as good for providing safe services.

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an incident book at both sites which was used by staff to initially record details of an incident; for the more significant incidents, the practice manager would complete a significant event report using a standard template; however, we saw evidence that it could take several weeks for the report to be produced. 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded a significant event where a two week wait cancer referral had been delayed due to the practice administrator being on leave. Following this incident, a formal arrangement was put in place for these urgent referrals to be progressed during the administrator's absence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. We were told that GPs did not usually attend safeguarding meetings, but that they would provide reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse and one of the GP partners were jointly responsible for infection prevention and control (IPC), and we observed that there was a lack of clarity about who was responsible for particular tasks. There was an IPC protocol and staff had received up to date training. Annual IPC 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 (including obtaining, prescribing, recording, handling, storing, security and disposal) were not always sufficient to minimise risks to patient safety.

Good

Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines; however, patient records in relation to these were not always complete or accurate. For example, we saw examples of GPs failing to re-set the system following a medicine review, which then made it appear from the records that the review had not been completed. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- We were informed by the practice that the boxes of prescriptions awaiting collection by patients were checked monthly; however, during the inspection on 21 June 2017 we found uncollected prescriptions which were several months old. When we returned to the practice on 5 July 2017 we found that at the main site the uncollected prescriptions had been reviewed; however, at the branch site there remined uncollected prescriptions which were several months old.
- During the inspection on 21 June 2017 we found blank prescription pads which had not been securely stored. We were informed that these were usually locked away, as the practice did not often use prescription pads; however, following the NHS cyber attack, the practice had been unable to use their computer system and had therefore resorted to issuing hand-written prescriptions, and these had not been returned to the lockable cupboard. When we returned to the practice on 5 July 2017 we found that these prescription pads were securely stored.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- During the inspection on 21 June 2017 we found that the practice's vaccines fridge did not have an internal thermometer, and therefore, should the fridge be switched off, the practice would have no way of knowing whether the fridge temperature had been out of the safe range to ensure that the integrity of the vaccines stored in it. When we returned to the practice on 5 July 2017 we found that an external fridge thermometer was being used to back-up the external thermometer.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body. In most cases we found that the practice had conducted background checks via the Disclosure and Barring Service (DBS); however, we found one example of the practice failing to conduct a DBS check on a GP prior to them starting work, as they had provided the practice with evidence of the DBS check they had recently received via another organisation. The practice explained that, as a DBS check had been recently carried-out on this member of staff, it was unnecessary for a further check to be carried-out; however, they had not recorded any risk assessment in relation to this decision.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 annual basic life support training and there were emergency medicines available in the treatment room.

Good

Are services safe?

- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 May 2016, we rated the practice as good for providing effective services; however, we advised the provider that they should establish a system of regular audits, reviews of patient medicines and care plans.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. However, the practice's exception reporting rate was higher than the local and national average at 13%, compared with a CCG average of 8% and national average of 10%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were mixed; whilst the practice had higher than average achievement rates in several areas, its exception reporting rate was significantly higher than average. Overall the practice achieved 98% of the total QOF points available for diabetes indicators, compared with an average of 88% locally and 90% nationally; however, its overall exception reporting rate for diabetes was 16% compared to the CCG average of 10% and national average of 12%.
  - The proportion of diabetic patients who had a record of well controlled blood sugar in the preceding 12 months was 81%, which was above the CCG average of 77% and national average of 78% (exception reporting rate was 23% compared with the CCG average of 10% and national average of 9%).
  - The proportion of diabetic patients with a record of a foot examination and risk classification in the preceding 12 months was 96% compared to a CCG average 88%, national average 89% (exception reporting rate was 12% compared with the CCG average of 6% and national average of 8%).
  - The proportion of diabetic patients with well controlled blood pressure was 93% compared to the CCG average of 90% and national average of 91% (exception reporting rate for this indicator was 9% compared to the CCG and national average of 6%).
- The percentage of patients with hypertension who had well controlled blood pressure was 74% compared to a CCG average of 81% and national average of 83%.
- The percentage of patients with atrial fibrillation who were treated with anti-coagulation drug therapy where this was clinically indicated was 74% compared with a CCG average of 84% and national average of 87% (exception reporting rate was 9% compared with the CCG average of 12% and national average of 10%).
- Performance for mental health related indicators was comparable to CCG and national averages, with the exception of those relating to patients taking lithium, where the practice's achievement was significantly below local and national averages. This issue was identified during the initial inspection in May 2016 where it was found that the practice did not have adequate systems in place to monitor patients who were prescribed lithium. Having identified this issue previously, we checked the records of a sample of these patients during the follow-up inspection and found that these patients had received appropriate blood tests.
  - The practice had 10 patients diagnosed with dementia and 86% had their care reviewed in a face to face meeting in the last 12 months, compared to

the CCG average of 86% and national average of 88%; they had not excepted any patients for this indicator, compared to an average exception reporting rate of 4% for the CCG and 7% nationally.

- The practice had 67 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 92% of these patients, compared to a CCG average of 91% and national average of 89% (exception reporting rate was 4% compared with the CCG average of 7% and national average of 13%).

There was evidence of quality improvement including clinical audit:

- There had been two clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had audited the uptake of blood tests by patients with diabetes. The had previously sent a blood test form to eligible patients and found that 73% of patients attended for the test. Following the audit they began to send patients a letter along with the blood test form, which explained the importance of the test; they found that when a letter was included, 87% of patients attended for the test. The practice also considered how to address patients who were unresponsive to the letter, and put in place further measures to limit the supply of medication prescribed to these patients, this resulted in an increase to the overall response rate of 95%.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. Nurses attended regular update sessions on issues such as wound care.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. There was no formal training provided on 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; however, this was not always stored in a way that was easily accessible to staff. We saw some examples of patient notes where changes to the medicines prescribed had been made, but where there was no note in the record to explain the reason for the change. Futher review found that there were documents saved to the system which explained the change (for example, in a letter from a hospital consultation which advised of a revised dose); however, there was a lack of consistency in how this information was stored on the system, which could result in information being overlooked, particularly by a locum GP.

- We reviewed examples of patient care plans, which we found to contain an adequate level of detail; however, we were told by the practice that they did not provide patients with a copy of their care plan.

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; however, the practice's lack of consistent recording of patient information could make sharing information challenging. Information was shared between services, with patients' consent, using a shared care record.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

The practice's uptake for the cervical screening programme was 87%, which was comparable with the CCG average of 78% and the national average of 82%; however, the practice's exception reporting rate was 20%, compared with the CCG average of 8% and national average of 7%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice's uptake rate for bowel cancer screening was 44%, which was below the CCG average of 50% and national average of 58%. The uptake for breast cancer screening was 70%, which was above the CCG average of 67% but below the national average of 73%.

Childhood immunisation rates for the vaccinations given were below national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice did not achieve the target in any of the four areas. These measures can be aggregated and scored out of 10, with the practice scoring 7.7 (compared to the national average of 9.1).

The practice had not analysed its patient population to try to identify reasons for the below average uptake of screening and immunisation programmes. They were aware that they had a significant proportion of patients who did not speak English as a first language; however, they had not attempted to provide information about these programmes in different languages.

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.

Good

Are services caring?

Our findings

At our previous inspection on 11 May 2016, we rated the practice as good for providing caring services; however, we told them that they should review how patients with caring responsibilities were identified and recorded on their clinical system.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We did not ask patients to complete Care Quality Commission comment cards as part of this inspection. During the previous inspection in May 2016, 30 patients completed CQC comment cards, and the majority of these were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

During the inspection on May 2016 we spoke with six members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients largely felt they were treated with compassion, dignity and respect; however, the practice scored below average in some areas. For example:

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 87%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 93% 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%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 83% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

During the previous inspection in May 2016 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; however, patients were not provided with a copy of their care plan.

Results from the national GP patient survey showed patients' feelings about their involvement in planning and making decisions about their care and treatment was mixed. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.

Good

Are services caring?

- 80% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language; however, this service was not advertised.

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. At the time of the inspection in May 2016 the practice had identified 47 carers, which represented less than 1% of their patient population. When we returned to the practice for the re-inspection the practice had identified an additional 45 carers, bringing their total to 92. This represented approximately 1.5% of their patient population. Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 May 2016, we rated the practice as good for providing responsive services. During the most recent inspection we found that the practice remained good at providing responsive servces.

Responding to and meeting people's needs

The practice had some understanding of its population profile; however, they did not always use this information in delivering their service.

- The practice had identified that they had a significant proportion of patients who did not speak English as a first language. They had translation services available, but these were not advertised to patients. They did not provide correspondence, such as invitations for childhood immunisations or cervical screening, in languages other than English.
- The practice offered extended hours on a Tuesday and Thursday morning and on alternate Saturday mornings 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 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 vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included an accessible toilet.

Access to the service

The practice was open from 8am to 6:30pm on Monday, Tuesday, Wednesday and Friday, and from 8am o 1pm on Thursday. The practice offered extended hours appointments from 7:15am to 8am on Thursday mornings and from 8am to 11am on one Saturday in four. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients 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 in some areas, but in others the practice scored below average. For example:

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 66 and the national average of 73%.
- 74% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 85%.
- 81% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 60% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 65%.

During the inspection we were told that the practice had recognised that there were issues with access to appointments, and as a result they had made changes to their appointment system, for example, to provide more pre-bookable appointments towards the end of the day to accommodate working people.

The practice had a system to assess:

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

When a patient requested a home visit, the doctor on duty would speak to the patient on the telephone 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, patients were advised to call 999. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system 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.
- We saw that information was available to help patients understand the complaints system. For example, posters were displayed in the waiting area.

The practice had received three formal complaints in the past year. We looked at these in detail and founding that they were satisfactorily handled, dealt with in a timely way and with openness and transparency. Verbal complaints were also recorded in the practice's message book, which was regularly reviewed by the practice manager; however, this process did not lend itself to easily spotting trends. Lessons were learned from individual concerns and complaints and the practice was committed to improving the service that they provided to patients; for example, reception staff had received customer service training. We were told that complaints were discussed in team meetings; however, the practice did not have any minutes of meetings to evidence this.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 11 May 2016, we rated the practice as good for being well led. During the most recent inspection we found evidence of some systemic problems with the way that care was being provided, and the practice is therefore now rated as requires improvement for being well led.

Vision and strategy

The practice aspired to deliver high quality care and promote good outcomes for patients; however, in some areas, a lack of effective and well-implemented processes hindered their ability to deliver this.

Governance arrangements

The practice had some governance arrangements in place; however, there were areas in which these arrangements were under developed or where staff failed to comply. For example:

- The practice had failed to analyse and address areas of low achievement in the Quality Outcomes Framework, particularly in relation to its exception reporting. They had also failed to address the low uptake of screening and immunisations by its patients.
- Information was not always recorded in patient records in a way that was auditable or easily accessible.
- Processes were in place to record details of incidents which occurred at the practice, but these required review to ensure that they worked effectively.
- Since the initial inspection in May 2016, the practice had begun to take minutes of some staff meetings; however, this process needed to be further embedded with staff to ensure that minutes were always taken and stored in a way that allowed staff to easily access them.
- There was a documented staffing structure and overall staff were aware of their own roles and responsibilities; however, in some areas, such as infection prevention and control, responsibility was shared between staff members, which resulted in a lack of clarity about roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice maintained a staff communication book, which allowed staff to report and share information about problems they had observed.

Leadership and culture

There was a clear leadership structure at the practice, and the partners demonstrated that they were committed to addressing the areas for improvement which had been identified during previous inspections.

The provider was aware of and had systems 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 partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems 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 documented leadership structure and staff felt supported by management.

- The practice held meetings and discussions with external colleagues, such as district nurses; however, these meetings were not always minuted. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held team meetings; however, these were not held regularly and were not always minuted.
- 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.

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

Are services well-led?

Requires improvement

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

The practice recognised the value of feedback from patients and staff; however, opportunities to gather and act on feedback were not always optimised.

- The practice did not have an active patient participation group (PPG), as in the past, meetings had not been well attended.
- Staff had the opportunity to provide feedback and suggestions during team meetings and appraisals.
- The practice recognised the value of complaints and comments from patients in order to identify areas for improvement; however, outside of the formal complaints process, arrangements for collecting, analysing and acting on feedback from patients were not well developed.

Continuous improvement

The practice's management team were receptive to concerns raised during the inspections and recognised areas which required urgent improvement, in particular those relating to the recording of patient information, and they told us that they planned to review and improve their processes in this area.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The provider had failed to:** • Ensure that a complete and contemporaneous record was kept in respect of each service user, and that patient information was consistently stored in an accessible way. • Assess, monitor and improve the quality and safety of the services provided, in particular, in respect of exception reporting and uptake of cancer screening and childhood immunisation programmes. • Ensure that all meetings were minuted. **This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008.**