

Dr Swaminathan Ravi

Quality Report

2a Cope Street
Barnsley
S70 4HY
Tel: 01226 246829
Website: www.copestreetsurgery.nhs.uk

Date of inspection visit: 30 November 2015
Date of publication: 11/02/2016

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Swaminathan Ravi	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Swaminathan Ravi's practice (known as Cope Street Surgery) on 30 November 2015. Overall the practice is rated as inadequate. However, we recognise there have been considerable efforts made maintaining patient satisfaction in recent months.

- Staff were clear about reporting incidents, near misses and concerns; however there was no evidence of learning from them and communicating this with staff.
- Arrangements to safeguard adults and children from abuse were not adequate in relation to staff training, clarity of lead roles and identification of patients considered to be at risk. Arrangements to provide chaperones for patients were in place but staff had not received training.
- Risks to patients and others were high as systems to assess, monitor and mitigate risks, such as regular fire drills or testing of alarm points were not carried out.

- There were procedures for the management of medicines in the practice. However, there were some shortfalls in the processes to ensure the safe storage of vaccines and procurement of emergency drugs.
- There were no formal induction processes for new or locum staff.
- Staff had not received role specific training to improve and extend services for patients. They had not received recent training in safeguarding adults and children and infection prevention and control.
- Non-clinical staff received regular supervision and support but there was no process for practice nurses to receive clinical supervision.
- Data showed patient outcomes were low for the locality and there was no evidence audits used to improve patient outcomes.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

Summary of findings

- The practice had listened to patients and had made improvements to the appointment system. Patients said they were satisfied with the appointment system and told us urgent appointments were usually available on the day they were requested.

- Information about how to complain was available and easy to understand. However, there was no documented evidence that learning from complaints was shared with staff and other stakeholders.

- The practice had no clear leadership structure.

- The practice did not have a written set of aims and objectives.

There was no maintenance programme for the building seen.

- The practice acted on feedback from patients and had focused on improving the patient experience of the services provided. However, there were limited systems in place to monitor the quality of services provided.

- Records were not always adequately maintained to ensure effective management of the practice. For example patient care records, training and recruitment records and records of risk assessments undertaken.

The provider must make improvements in the following areas:

- Ensure systems and processes are in place to assess, monitor and mitigate risks to patients and others health and safety. For example, regular checks of fire alarm points and fire drills, legionella and COSHH.
- Ensure the cold chain processes are followed for safe storage of vaccines.
- Ensure the emergency drugs are procured correctly and available for use.
- Ensure induction processes are in place for new and locum staff.
- Ensure staff receive training relevant to their role such as, management of long term conditions, ear syringing, safeguarding vulnerable adults and children and infection prevention and control.

- Ensure staff receive information governance training.

- Ensure systems are in place to assess monitor and improve the quality and safety of the services provided.

The areas where the provider should make improvement are:

- All staff who chaperone should undertake the specific training to do so.

- Those patients considered to be at risk should be identified through the use of risk registers and system alerts.

- Review the process to check practice nurse registration with the Nursing Midwifery Council (NMC) is current.

- Review the provision of a maintenance programme for the building.

- Review the length of GP emergency appointments.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 inadequate for providing safe services and improvements must be made.

Staff were clear about reporting incidents, near misses and concerns. However, there were no documented procedures or examples to show how learning from peer reviews, complaints, significant events or safety alerts were shared within the staff team to support improvement.

Risks to patients were higher than necessary as systems to assess, monitor and mitigate risks, such as, policies, procedures and appropriate training had not been provided for all staff.

There were procedures for the management of medicines in the practice. However, there were some shortfalls in the processes to ensure the safe storage of vaccines, emergency drugs and checking of emergency equipment.

Arrangements to safeguard adults and children from abuse were not adequate in relation to staff training, clarity of lead roles and identification of patients considered to be at risk. Arrangements to provide chaperones for patients were in place but staff had not received training and appropriate disclosure and barring (DBS) check.

There were no formal induction processes for new or locum staff.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

Not all staff had received role specific training to improve and extend services for patients. They had not received training in safeguarding adults and children, and infection prevention and control.

All staff received annual appraisals; however there was no process for the practice nurse to receive clinical supervision or clinical appraisals.

The practice had received support from the medicines management team at the local CCG which had undertaken three audits in the practice relating to antibacterial prescribing as part of the medicines management optimisation scheme. There were no audits seen showing implementation and monitoring of improvements.

Inadequate



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than other local practices for all aspects of care. The practice had been focused on the patient experience and surveys showed a high level of patient satisfaction. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

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

Three patient satisfaction surveys over the last two years undertaken by the practice were taken into account. Patients said they could make an appointment with a named GP and there were always urgent appointments available the same day and home visits for those who required them.

If reception staff decided that a patient required an emergency appointment, extra appointments were added on to the end of the GP appointment list. Same day appointments were available for children and those with serious medical conditions. Emergency appointments were either five minutes long or two and a half minutes long.

The practice had listened to patients and had made improvements to the appointment system.

There was good access for patients with a disability and/or wheelchair users.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

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

The practice acted on feedback from patients and had focused on improving the patient experience of the services provided. However, there were limited systems in place to monitor the quality of the services provided.

The practice did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy.

Inadequate



Summary of findings

Effective leadership structure was not in place and staff we spoke with were unsure who held the lead roles.

Staff felt supported by the GP and felt able to approach them with issues.

Although staff had received regular supervision and performance reviews, there were no formal processes for induction and clinical supervision was not provided for practice nurses.

Clinical records were not always well maintained and records for the management of the practice were not always adequately or accurately maintained.

The practice had a number of policies and procedures to govern activity; however there was evidence that these were not always followed. Staff were not clear who the lead professionals were for infection control or safeguarding. The practice had a patient participation group; however they met less than twice a year and were usually asked their opinions by email.

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 inadequate for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were lower than others in the local CCG area for conditions commonly found in older people. It was responsive to the needs of older people, and offered home visits to those who required them.

Inadequate



People with long term conditions

The provider was rated as inadequate for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Staff who performed long term condition reviews had not completed adequate training to do so.

We found that patients with the most complex needs, who were at risk of admission to hospital, did not always have a documented care plan or review of their care needs.

The practice offered home visits for those who required them.

Inadequate



Families, children and young people

The provider is rated as inadequate for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were no 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 accident and emergency attendances.

Appointments were available outside of school hours if requested.

Parts of the premises were not safe for children. There was access to steep cellar stairs from the waiting room and blind cords were not attached to the wall with a cleat.

Childhood immunisation rates for vaccinations given were comparable to the CCG averages although staff could not tell us the dates of their vaccination and immunisation training.

Inadequate



Summary of findings

Working age people (including those recently retired and students)

The provider was rated as inadequate for safety, effective and for well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had early appointments available three days a week to enable easier access for working people and they were flexible with appointment times to enable access for this population group. Reception staff told us that appointments could only be booked by telephone or in person however the practice website said that appointments could be made online. The website also said that repeat prescriptions could be ordered on line.

Inadequate



People whose circumstances may make them vulnerable

The provider is rated as inadequate for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Although formal training had not been provided staff knew how to recognise signs of abuse in adults and children.

The practice did not keep a register of those living in circumstances that may make them vulnerable and safety alerts were not used on patient care records.

Staff were unsure about how to access interpreter services. They told us they had never needed to use an interpreter, the National General Practice Profile showed the practice population as being 2.6% Asian and 1.7% other non-white ethnic groups.

Inadequate



People experiencing poor mental health (including people with dementia)

The provider is rated as inadequate for safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had told patients experiencing poor mental health about how to access various support groups. NHS health checks, smoking cessation advice and alcohol screening were provided.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing above local and national averages. Of the 261 survey forms distributed, 105 were returned. This represents 3% of the patients registered with the practice.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 100% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 97% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 99% said the last appointment they got was convenient (CCG average 91%, national average 92%).

- 99% described their experience of making an appointment as good (CCG average 71%, national average 73%).
- No-one reported they waited 15 minutes or less after their appointment time to be seen (CCG average 23%, national average 27%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 82 comment cards which were all positive about the standard of care received. They said the staff were helpful and accommodating.

We spoke with seven patients during the inspection. All seven patients said that they were happy with the care they received and staff were approachable, committed and caring.

Dr Swaminathan Ravi

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 advisor and a practice manager specialist advisor.

Background to Dr Swaminathan Ravi

Dr Ravi, provides general medical services for approximately 3100 patients at Cope Street surgery in the centre of Barnsley.

The practice catchment area is classed as one of the second most deprived areas in England. Approximately 21% of the practice population are over 65 years of age. Approximately 31% of the practice population have caring responsibilities.

There is one male GP, a practice nurse and a locum nurse practitioner. Supported by three reception staff and a locum manager.

Surgery opening times;

Monday: 8.00 am to 6.00 pm

Tuesday: 7.30 am to 6.00 pm

Wednesday: 7.30 am to 6.00 pm

Thursday: 7.30 am to 1.00 pm

Friday: 8.00 am to 6.00 pm

CareUK provides cover on Thursday afternoon and each day between 6.00 pm. and 6.30 pm.

Out of hours care can be accessed via the surgery telephone number or by calling the NHS111 service.

Extended hours surgeries are offered 7.30am to 8.00am Tuesday to Thursday.

The practice is registered to provide; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury at 2a Cope Street, Barnsley, S70 4HY.

Dr Swaminathan Ravi's practice has not been inspected previously.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 November 2015. During our visit we:

Detailed findings

- Spoke with two receptionists and a nurse and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was limited use of systems to record and report safety concerns, incidents and near misses and no clinical audits had been carried out by the practice.

We reviewed safety records and incident reports. We saw four significant events had been recorded from February 2015 to the date of the inspection. We saw evidence of annual team meetings to discuss these and lessons were shared to make sure action was taken to improve safety in the practice. One of these significant event reviews described how a fax was received and a near miss occurred as consecutive pages were not checked to ensure they all related to the same patient. The action plan was to communicate potential for error via a team newsletter and not discussed as a team.

Overview of safety systems and processes

We found the practice lacked systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- We saw no evidence staff had received safeguarding adults and children training relevant to their role. The GP was trained to level two safeguarding children in 2013.
- Arrangements were in place to safeguard children and adults from abuse that reflected relevant legislation and local requirements. Not all staff we spoke with were aware how to access the policies and guidance.
- Staff we spoke with were unsure who the lead was clinician for safeguarding.
- The GP attended some safeguarding meetings when possible and provided reports where necessary for other agencies.
- A notice in the waiting room advised patients they could request a chaperone, if required. Practice nurses and reception staff all told us they carried out this role. Not all staff who acted as chaperones were trained for the role or had received a disclosure and barring check (DBS check).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- There was an infection prevention and control protocol in place; however there was no evidence staff had received up to date training. Staff we spoke with were aware of how to handle specimens safely and how to deal with spillages. An infection prevention and control self audit had been undertaken the previous week, along with a discussion with the infection prevention and control team from the CCG. We were told by the manager an action plan to address the issues was being developed.
- There was no evidence the cold chain for the storage of vaccines had been maintained correctly. The three vaccine fridges we saw had been checked incorrectly. We saw from the cold chain logs average fridge temperatures were recorded daily. They did not include the higher and lower temperature readings. There was no evidence the fridge was reset after the readings were undertaken. There was only the integral thermometers available and no secondary thermometers were used to check accuracy of the readings. However all fridges were showing safe readings on the day of the inspection.
- There was a lack of clarity about lead roles in infection prevention and control. Staff we spoke with were not sure if it was the GP or the nurse. A practice nurse who told us it was her role had not undertaken relevant infection prevention and control training.
- The arrangements for managing medicines in the practice, with the exception of monitoring the vaccine fridge temperatures correctly, kept patients safe, (including prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Staff told us Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found some recruitment checks had been undertaken prior to employment. For example, proof of identification and references. During recruitment, registration checks were made with the appropriate professional body. There was no evidence of qualifications or professional indemnity

Are services safe?

was held for the locum nurse practitioner who was self employed. The practice did not check or keep a record practice nurse registration with the Nursing Midwifery Council (NMC) was renewed.

• **Monitoring risks to patients**

- Risks to patients were not assessed or well managed.
- There were minimal procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety poster in the waiting room.
- We found that patients with the most complex needs, who were at risk of admission to hospital, did not always have a documented care plan or review of their care needs.
- Fire extinguishers had been serviced. Regular fire drills were not performed and there was no evidence that regular checks of alarm points or emergency lighting was carried out. The practice did not have a lead member of staff for fire safety.
- Most electrical equipment had been checked and this was evidenced from information stickers on plugs, however the testing certificate was not available. We found a small number of items of electrical equipment which were in use did not have stickers on the plugs.
- Clinical equipment was checked to ensure it was working properly.
- The practice had a brief general risk assessment in place, but there was no formal risk assessments for the control of substances hazardous to health and a legionella risk assessment.
- Minimal arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The GP saw those patients reception staff decided required an emergency appointment. There was no protocol in place for the reception staff to follow.

- A member of staff undertaking chronic disease management reviews had no formal training in any of the chronic disease areas.

Arrangements to deal with emergencies and major incidents

The risks associated with anticipated emergency situations were not fully recognised.

- There were fire alarms, although these were not routinely tested. We saw no other system in place to alert staff to any emergency within the practice.
- All staff received annual basic life support training. The emergency medicines had been prescribed in the names of individual patients who were not required to pay prescription charges. This is not good practice. There were no needles or syringes kept with the emergency medications. There were some needles in the GP room where the emergency medicines were kept that were out of date in 2008 and others in 2014. There was benzylpenicillin available (used to treat suspected meningitis) but no water for injection to mix it with. Therefore it could not be used in an emergency. We reported this to Dr Ravi who told us would be obtained straight away.
- The practice had a defibrillator available on the premises. We observed it to be still in its original packaging from 2014 and had not been assembled ready for use. The battery had never been checked. We were told by Dr Ravi that this would be actioned straight away.
- There was no evidence of the oxygen cylinders being checked and only adult masks were kept with the cylinders. Both oxygen cylinders were full on the day of the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was little evidence the practice assessed patient need and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE). Long term condition management was conducted by the practice nurse by following the Quality Outcomes Framework (QOF) templates (QOF is a system intended to improve the quality of general practice and reward good practice). The GP did not use any templates.

There was no evidence from meetings or minutes to demonstrate that NICE guidance was discussed, implications for the practice's performance and patients identified, and required actions agreed. Staff we spoke with could not provide any examples of any recent guidance.

No reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.

There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 63% of the total number of points available, with 5% exception reporting. The GP did not use QOF templates in his consultations.

Data from 2014/15 showed;

- Performance for diabetes related indicators of 58% was worse than the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests at 67% was lower than the CCG average of 79% and national average of 80%.
- Performance for mental health related indicators of 65% was worse than the CCG average of 82% and national average of 93%.

- The dementia diagnosis rate at 78 was comparable to the national average of 62 .

There had been no clinical audits completed by the practice in the last two years. The practice did not participate national benchmarking, accreditation, peer review and research.

Following the inspection we were told by the CCG that the practice had received support from the medicines management team. Three audits had been undertaken in the practice relating to antibiotic prescribing as part of the medicines management optimisation scheme. We were not told about this by the practice on the day of the inspection.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff received some training that included basic life support, fire safety and health and safety. There was no evidence of training in safeguarding children, safeguarding adults, mental capacity act, chaperoning, infection prevention and control or information governance.
- The practice could not demonstrate how they ensured role-specific training and updates for relevant staff. For example, those staff reviewing patients with long term conditions, administering vaccinations and taking samples for the cervical screening programme. The member of staff we spoke with who was involved with the management of patients with long term conditions had no formal qualifications in any of the long term condition management areas. The date of vaccination and immunisation training was unknown and date of last cytology update was unknown. There was no evidence of training in ear irrigation.
- 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 these learning needs and to cover the scope of their work, however this training was not always completed or monitored. Staff told us that time was not always available for training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. There was no evidence of care and risk assessments. We found that patients with the most complex needs, who were at risk of admission to hospital, did not always have a documented care plan or review of their care needs.

Information such as NHS patient information leaflets were available.

- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff told us that they worked together and with other health and social care services to understand and meet the range and complexity of people's needs. This included when people moved between services, including when they were referred, or after they are discharged from hospital. However, we did not see evidence of documented hand over with the out of hours services.

We saw evidence that multidisciplinary team meetings took place on a quarterly basis.

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 but no evidence of training or documentation was seen.
- When providing care and treatment for children and young people, staff said they carried out assessments of capacity to consent in line with relevant guidance although the GP told us he has never had to use Gillick competency assessment.

Health promotion and prevention

The practice had not identified all patients who may be in need of extra support.

- There was no system to identify those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation.
- There was a record of patients with palliative care needs, however there staff we spoke with did not know how to identify these patients.

The practice did not have a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 88%, which was in line with the national average of 82%. There was not a policy to offer telephone reminders for patients who did not attend for their cervical screening test and staff we spoke with were unsure how these patients would be followed up.

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 97% to 100% and five year olds from 86% to 100%. Flu vaccination rates for the over 65s were 83% which is above the national average of 73% and at risk groups 50% which is comparable to the national average of 52%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 82 patient CQC 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.

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

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

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 87%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 100% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system did not alert staff if a patient was a carer despite having 31% of the practice population described as having caring responsibilities.

There was no standard way of dealing with bereavement, staff said they would give support if it was requested.

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 by using its own surveys.

The practice offered early appointments on Tuesday, Wednesday and Thursday mornings for working patients who could not attend during normal opening hours.

- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. We looked at emergency appointments the previous week and all of these were either five minutes long or two and a half minutes long, for example on one morning, 22 of these appointments were for either five minutes or two and a half minutes.
- There were disabled facilities, translation services available.

Access to the service

The practice was open:

Monday: 8.00 am to 6.00 pm

Tuesday: 7.30 am to 6.00 pm

Wednesday: 7.30 am to 6.00 pm

Thursday: 7.30 am to 1.00 pm

Friday: 8.00 am to 6.00 pm

CareUK provided cover on Thursday afternoon and each day between 6.00pm and 6.30pm.

Out of hours care can be accessed via the surgery telephone number or by calling the NHS111 service.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 98% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 99% patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- No patients said they waited 15 minutes or less after their appointment time (CCG average 23%, national average 27%).

Listening and learning from concerns and complaints

- There was limited use of systems to record and report safety concerns, incidents and near misses. There had been one recorded complaint in the last 12 months. We noted this was satisfactorily handled and dealt with in a timely way. Most complaints were handled verbally. Most complaints were handled verbally by the reception staff, not documented or discussed as a team.
- There was a designated responsible person who handled all complaints in the practice; however staff we spoke with did not know who this was. Staff told us that the reception staff would try to deal with complaints verbally. If the reception staff could not deal with the complaint they told us they would ask the GP to speak with the person making the complaint. This process was verbal and only one complaint was documented in the last 12 months.
- We saw that information was available to advise patients how to make a complaint and posters were displayed in the waiting rooms.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice did not have a clear management structure; The GP was supported by a locum practice manager for 7.5 hours a week. All staff referred to him as the practice manager. We were told that this was not his title and his role was dealing with administration within the practice.

The practice did not share a clear vision although they worked hard to maintain patient satisfaction.

Governance arrangements

We found the practice governance framework to support the delivery of good quality care required improvement. We found during our discussions with staff there was some confusion at times as to roles and responsibilities.

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe. Whilst there were some practice specific policies and procedures available to staff we found that staff were not always aware of them.

The GP had an understanding of the performance of the practice and had been working towards improvements in prescribing with support from the CCG and concentrating on patient experience.

They used the Quality and Outcomes Framework (QOF) and information from the local CCG to measure its performance. The QOF data for this practice showed it was performing lower than national standards. Due to lack of coding, the GP did not use QoF templates during reviews of patients, we could not be assured all patients had been identified within the QOF groups and had received the care identified in the relevant indicators.

Audits had not been carried out in the practice to monitor the quality of the service and practice. We did not see any complete audit cycles covering direct patient care and there no evidence that clinical audits were used routinely to monitor patient outcomes.

Following the inspection we were told by the Clinical Commissioning Group that clinical audits had been carried out by the pharmacist to look at prescribing practice but

we were not told about these at the practice on the day of the inspection. For example, there had been three medication audits in last year, however the outcomes of these were not known.

Whilst usage of broad spectrum antibiotics was under CCG vigilance; performance in other prescribing parameters, not under such close scrutiny, was not meeting local CCG targets. For example, the use of hypnotic medication remained significantly high.

We did not see any complete audit cycles covering direct patient care and there no other evidence that clinical audits were used routinely to monitor patient outcomes.

Evidence from other data sources, including incidents and complaints was used to identify areas where improvements could be made. Additionally, there were processes in place to review patient satisfaction and action had been taken, when appropriate, in response to feedback from patients or staff.

Records were not always adequately maintained. For example:

- Records of recruitment were not well organised and details of interviews and self employed nurse practitioner's professional qualifications were not held.
- Records of vaccine storage temperature checks were not carried out correctly.
- There was no documentation of checks of emergency equipment including oxygen.

The practice had not identified, recorded and managed risks. There was a very basic risk assessment available for premises dated April 2014; however this did not include the easy access to an unlocked, dark cellar from the waiting room. Risk assessments for other areas such as legionella risks and COSHH had not been completed.

Staff told us they held quarterly staff meetings, minutes for these were not available.

It was unclear who was responsible for human resource policies and procedures. We reviewed a number of policies, for example, disciplinary procedures and management of sickness which were in place to support staff. Staff we spoke with did not always know where to find these policies if required. The practice had a whistleblowing policy but none of the staff we spoke with were aware of it.

Are services well-led?

Inadequate 

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

Leadership, openness and transparency

Staff told us that quarterly team meetings were held to pass on information rather than clinical discussion. There was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

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

The practice encouraged and valued feedback from patients and had proactively gained patients' feedback. It had gathered feedback from patients through surveys. The GP told us they had been focused on improving the patient experience, they had designed their own surveys of patient satisfaction and improved the appointment system.

The practice had a patient participation group (PPG) they told us they had met twice in the last year and in between this they communicated by email.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Governance systems and processes were not established and operated effectively in that:</p> <p>Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.</p> <p>There was no formal risk assessment for legionella or COSHH.</p> <p>The fire alarms had not been regularly tested between annual services to ensure they were in working order.</p> <p>No audits had been done by the practice to monitor and improve care.</p> <p>17(1)(2)(a)</p>

Enforcement actions

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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Maternity and midwifery services
Surgical procedures	Surgical procedures,
Treatment of disease, disorder or injury	Diagnostic and screening procedures
	Treatment of disease, disorder or injury
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
	Care and treatment was not provided in a safe way in that:
	Risks to the health and safety of service users of receiving care and treatment had not been assessed and all that is reasonably practicable had not been done to mitigate any such risk.
	There was easy access to a cellar with steep stone steps from the waiting room out of sight of the staff. The blinds in the patient areas were not secured with a cleat which could pose a hazard for service users, particularly children.
	The emergency equipment had not all been checked, the defibrillator was still in its shipping package from 2014 and the battery had never been checked.
	12(1)(2)(a)
	The registered provider failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely; Staff undertaking management of long term conditions, spirometry and ear syringing had not completed training to do so.

Enforcement actions

Staff had not received infection prevention and control (IPC) training. Staff had not received training in safeguarding of adults and children.

Staff had not received training in information governance.

Not all staff who acted as chaperones had received training for the role or a disclosure and barring check.

12(1)(2)(c)

The emergency drugs were prescribed in the names of individual patients. There was no water for injection to mix with the benzylpenicillin.

The temperatures of the three vaccine refrigerators were not correctly monitored, no high and low temperatures had been recorded and there was no evidence that they had ever been reset. There was only the integral thermometers on each fridge.

12(1)(2)(g)