

# Dr Jedth Phornnarit

## Quality Report

The Garway Medical Practice  
Pickering House  
Hallfield Estate  
London, W2 6HF  
Tel: 020 7616 2900  
Website: [www.garwaymedical.nhs.uk](http://www.garwaymedical.nhs.uk)

Date of inspection visit: 3 September 2015  
Date of publication: 12/11/2015

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

### Ratings

#### Overall rating for this service

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

# 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	6
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Jedth Phornnarit	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at 'Dr Jedth Phornnarit', also known as Garway Medical Practice, on 3 September 2015. Overall the practice is rated as requires improvement.

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.

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

- Systems were in place to report and record significant events, incidents, and near misses, however information about safety was not always documented. Learning from incidents was shared with staff.
- Some risks to patients were assessed and well managed, with the exception of those relating to dealing with medical emergencies and fire safety.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most patients said they found it easy to access the service and make an appointment, although many patients commented on waiting for long periods after their appointment time to be seen.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

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

Importantly, the provider must:

- Ensure staff have access to medical oxygen in the event of a medical emergency.
- Ensure safety incidents are recorded and reviewed.
- Carry out an up to date fire risk assessment and ensure staff receive appropriate training in fire safety.

In addition the provider should:

- Carry out a comprehensive risk assessment to manage infection prevention and control.
- Formalise the practice's vision and values and ensure staff are made aware of this.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. There was a system in place to report and record significant events, incidents, and near misses. However, we found that some significant events and near misses had not been recorded and some did not contain a high level of detail regarding the incident. The practice was able to demonstrate that learning as a result of significant events had been shared with staff.

Some risks to patients who used services were assessed and well managed, such as those relating to medicines management and business continuity. However, the practice did not have access to medical oxygen and had not assessed the risks of this or explored further options for accessing medical oxygen in an emergency. The practice had not completed a comprehensive risk assessment to manage infection prevention and control within the practice. The practice had also not carried out a fire risk assessment which was due in May 2015, and we found that actions from the previous risk assessment had not been completed. For example, staff had not received training in fire safety.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed that outcomes for patients were mixed. For example, in 2013/14 the practice's overall performance for diabetes related indicators was better than the CCG average and similar to the national average. Whereas performance for hypertension related indicators was below the CCG and national averages. The practice showed us their performance data from 2014/15 and this revealed they had improved performance in areas such as hypertension, mental health and dementia. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was historical evidence of staff appraisals, however these were due to be reviewed for the current year. Staff worked with multidisciplinary teams to coordinate patient care.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to local and national averages for several aspects of care. The majority of patients said

Good



# Summary of findings

they were treated with compassion, dignity and respect. However, not all felt listened to by clinical staff. 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.

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

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff. Most patients said they found it easy to access the service and make an appointment, although many patients commented on waiting for long periods after their appointment time to be seen.

**Good**



## **Are services well-led?**

The practice is rated as requires improvement for being well-led. Whilst the GP principal had a vision and a strategy for the practice, not all staff were aware of this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. Whilst there were some systems in place to monitor and improve quality and identify risk, improvements in dealing with medical emergencies, and carrying out risk assessments for fire safety and infection control were required. Staff had received inductions, performance reviews and attended staff meetings and events. The practice monitored feedback from patients and staff, which it acted on. There was an active patient participation group who met regularly and contributed to making improvements to the service.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

The practice is rated as requires improvement for the care of older people. The practice had a similar percentage of patients over the age of 75 (6.7%) when compared to the national average (7.6%), and patients over the age of 85 (2.2% compared to the national average of 2.2%). The income deprivation level affecting older people was 27 compared to the national average of 22.5.

Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, the practice's performance for dementia related indicators in 2013/14 was lower than the CCG and national averages (practice 78.8%; CCG 90.5%; national 93.4%). However, the practice showed us data from 2014/15 which showed they had improved performance for dementia related indicators by achieving 100%.

All patients over the age of 75 had a named GP and were informed of this. The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles vaccination and avoiding unplanned admissions to hospital. Monthly multidisciplinary team meetings were used to review care plans and discuss those with enhanced needs. A primary care navigator also attended weekly clinical meetings so that older patients who were vulnerable could be reviewed more frequently. The practice were responsive to the needs of older people, and offered longer appointments, home visits and rapid access appointments for those with enhanced care needs. If a patient over 75 did not attend for an appointment reception staff would get in touch with the patient, or inform the primary care navigator if they were unable to speak with the patient. Patients were reviewed following discharge from hospital and referrals to support services were made to prevent readmissions.

Requires improvement



### People with long term conditions

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

The practice is rated as requires improvement for the care of people with long-term conditions. The percentage of patients at the

Requires improvement



# Summary of findings

practice with a long standing health condition (52.7%) was similar to the national average (54%). The percentage of patients with health related problems in daily life (45.7%) was slightly lower than the national average (48.8%).

The GPs were responsible for chronic disease management as the practice were in the process of recruiting a permanent practice nurse. Patients at risk of hospital admission were identified as a priority and had annual reviews to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, the monthly multidisciplinary team meetings were attended by palliative care nurses, the community matron, district nurses, social workers, and a link pharmacist. Longer appointments and home visits were available when needed.

## Families, children and young people

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

The practice is rated as requires improvement for the care of families, children and young people. Children aged zero to four represented 4.3% of the practice population (national average 6.0%); children aged five to 14 represented 7.3% (national average 11.4%); and those aged under 18 years represented 9% (national average 14.8%). The income deprivation level affecting children was 29 compared to the national average of 22.5.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, there was joint working with the health visitor who met with the GP principal to discuss children on the child protection register.

Vulnerable children were also reviewed at the weekly clinical meetings and multidisciplinary meetings. Urgent access appointments were available for children who were unwell.

Immunisation rates for standard childhood immunisations were comparable to the CCG averages. Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours. The practice provided a fortnightly baby clinic and extra time was allocated to antenatal and postnatal care.

**Requires improvement**



# Summary of findings

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

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The age profile of patients at the practice was mainly those between 25 and 39 years. The number of patients in paid work or full-time education was slightly above the national average, 63.2% compared to 60.2%.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had a website which offered facilities to book appointments and order repeat prescriptions online. Early appointments from 08:00 and late appointments until 20:00 were prioritised for working patients. There was a full range of health promotion and screening that reflected the needs for this age group, including NHS health checks for patients aged 40 to 74. The practice's uptake for the cervical screening programme was 68.5%, which was below the CCG and national averages of 77.4% and 81.9% respectively.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

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

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, and patients receiving end of life care. Longer appointments were offered to patients with a learning disability, and these patients were offered an annual health check. Housebound patients and those who could not access the practice were supported via home visits. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The clinical team also met with a primary care navigator, who saw patients over the age of 55 with complex social needs, for advice in supporting vulnerable patients. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



# Summary of findings

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

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). In 2013/14 the practice's overall performance for dementia related indicators was lower than the CCG and national averages (practice 70.4%; CCG 85.2%; national 90.4%). However, the practice showed us data from 2014/15 which showed they had improved performance for mental health related indicators by achieving 84.4%. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Patients could be referred to a counselling service, and the practice had access to the community mental health team for more complex or severe mental illness. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing similar to or below local and national averages. There were 98 responses which represented 2.3% of the practice population.

- 79% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 85% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 84% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 63% described their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 32% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.

- 23% feel they don't normally have to wait too long to be seen compared with a CCG and national average of 58%.

We spoke with four patients during our inspection. Most 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. Some patients we spoke to on the day were less positive about waiting for long periods after their appointment time to be seen.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were mostly positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment. Many of these patients also commented that they had a long wait after their appointment time to be seen.

## Areas for improvement

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

- Ensure staff have access to medical oxygen in the event of a medical emergency.
- Ensure safety incidents are recorded and reviewed.
- Carry out an up to date fire risk assessment and ensure staff receive appropriate training in fire safety.

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

- Carry out a comprehensive risk assessment to manage infection prevention and control.
- Formalise the practice's vision and values and ensure staff are made aware of this.

# Dr Jedth Phornnarit

## 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. The specialist advisor was granted the same authority to enter the registered persons' premises as the CQC inspector.

### Background to Dr Jedth Phornnarit

Dr Jedth Phornnarit, also known as The Garway Medical Practice, provides GP led primary care services through a Personal Medical Services (PMS) contract to around 4,300 patients living in the surrounding areas of Bayswater and Paddington. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of NHS West London (Kensington and Chelsea, Queen's Park and Paddington) Clinical Commissioning Group (CCG).

The practice staff comprise of a male GP principal; two salaried GPs (one male and one female); a regular locum practice nurse; a health care assistant (HCA); a practice manager; and a small team of reception/administrative staff. The GPs collectively cover 22 sessions. The number of sessions covered by the locum nurse equates to 0.46 whole time equivalent (WTE) staff, and sessions by the HCA equates to 0.66WTE.

The practice is open every weekday from 08:00 to 13:00 and 14:00 to 18:30, with extended opening hours from 18:30 to 20:00 on Monday and Tuesday. Appointments are available between these times, and can be booked six weeks in advance over the telephone, online or in person. If a patient calls the practice from 13:00 to 14:00 a recorded

message requests they call back during opening hours, or if it is an emergency to call a priority telephone line which is monitored by staff during this period. The practice opted out of providing out-of-hours services to their patients. Outside of normal opening hours patients are directed to an out-of-hours GP, or the NHS 111 service.

The practice has a higher than average young adult population between the ages of 25 and 39. The number of patients aged zero to four (4.3%) is lower than the national average (6.0%). There is a lower percentage of patients aged five to 14 (7.3%) and under 18 (9%) when compared to national averages (11.4% and 14.8% respectively). The percentage of people with a long standing health condition (52.7%), and the percentage of people with health related problems in daily life (45.7%) are similar to the national averages (54% and 48.8% respectively). The average life expectancy for the CCG area is 81 years for males and 85 for females (national averages 79 and 83 respectively).

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; surgical procedures; family planning; and maternity and midwifery services. The practice had previously been inspected during our pilot phase in May 2014, and we found shortfalls relating to assessing and monitoring the quality of the service.

### Why we carried out this inspection

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

# Detailed findings

of the service. The practice had previously been inspected during our pilot phase in May 2014, and we have an obligation to conduct inspections at those practices that were inspected during our pilot phase in order to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 September 2015. During our visit we spoke with a range of staff including: the GP principal; two salaried GPs; the practice manager; and three reception/administrative staff. We also spoke with a primary care navigator who was attached to the practice. We spoke with five patients who used the service, and received feedback from three members of the patient participation group. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed eight comment cards where patients and members of the public shared their views and experiences of the service. We also reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a system in place for reporting, recording and monitoring significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. However, we found some examples of significant events given by staff had not been written up and the level of detail in documenting some significant events was inconsistent and varied depending on who had written it up. There were systems in place to review and act on near misses however, we found these were not always documented. Some complaints received by the practice were entered onto the system and automatically treated as a significant event. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a prescribing error had been identified by a palliative care nurse. The incident was investigated and revealed that there was a knowledge gap for GPs around prescribing anticipatory drugs for palliative care patients. As a result, the practice acquired the relevant prescribing guidance from the palliative care nurse and made it available in all GP consulting rooms.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings

when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- Notices were displayed in the waiting room advising patients that a chaperone service was available if required. All staff who acted as chaperones had received training for the role, and had received a disclosure and barring check (DBS). (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).
- There were some procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available and a poster on health and safety at work was on display in the staff room. The last fire risk assessment was undertaken by an external company in May 2014 and was due for review in May 2015, however the practice had yet to carry this out. We also noted that actions taken from the last fire risk assessment had not been completed, for example staff had not received fire safety training. The practice were aware that all portable electrical equipment was overdue for testing to ensure the equipment was safe to use, and they had booked an appointment for this work to be carried out the following month. Clinical equipment had been calibrated and checked to ensure it was working properly. The practice had a legionella risk assessment in place. We did not see evidence of any other risk assessments to monitor safety of the premises. The practice manager told us that fire drills, and informal checks of the building and cleaning equipment were carried out, however these were not documented.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy, and cleaning schedules were in place. The health care assistant and practice manager were the infection control clinical leads. There was an infection control protocol in place and staff had received in-house training. The practice had not carried out a recent infection prevention and control audit. The cleaning company sent monthly reports to the practice and risk assessed some areas of infection control, however this did not address all areas of infection prevention and

## Are services safe?

control required for primary care providers. The practice manager informed us that an updated comprehensive risk assessment for infection prevention and control would be carried out following our inspection.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was an arrangement in place for members of staff to cover each other's annual leave to ensure that enough staff were on duty. Locum nurses also covered clinical sessions in the absence of a permanent practice nurse.

### **Arrangements to deal with emergencies and major incidents**

All staff received annual basic life support training. The practice had a defibrillator available on the premises, however staff did not have access to medical oxygen and we did not see evidence that the practice had assessed the risks of this. Oxygen is considered essential in dealing with certain medical emergencies, such as acute exacerbation of asthma and other causes of hypoxaemia. 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 fit for use.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. There were systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for 2013/14 were 70.4% of the total number of points available, with 6.5% exception reporting. This was below the clinical commissioning group (CCG) (89%) and national averages (93.5%). The practice showed us data from the QOF 2014/15, which revealed they had improved performance to 79.5% of the total number of points available but they were aware that further improvements were required.

Data from 2013/14 showed;

- Performance for diabetes related indicators was above the CCG average and similar to the national average (practice 90%; CCG 86.4%; national 90.3%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 89.1%, CCG 90.9%, national 91.7%); patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 80%, CCG 88.5%, national 88.3%); and patients with diabetes who had received the seasonal flu vaccination (practice 85.9%, CCG 88.9%, national 93.4%).
- Performance for hypertension related indicators was below the CCG and national averages (practice 72.3%; CCG 87.2%; national 88.4%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 75.4%, CCG

80.8%, national 83.1%); and patients aged 79 or under with hypertension who had a blood pressure reading in the preceding nine months of 140/90 mmHg or less (practice 67%, CCG 73.5%, national 75.3%). We were shown data from the QOF 2014/15, which showed the practice had improved their performance for hypertension related indicators by achieving 100%.

- Performance for mental health related indicators was below the CCG and national averages (practice 70.4%; CCG 85.2%; national 90.4%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 51.5%, CCG 83.6%, national 85.9%); and patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who had a cholesterol blood test in the preceding 12 months (practice 82.8%, CCG 77.6%, national 79.5%). We were shown data from the QOF 2014/15, which showed the practice had improved their performance for mental health related indicators by achieving 84.4%.
- Performance for dementia related indicators was below the CCG and national averages (practice 78.8%; CCG 90.5%; national 93.4%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 57.1%, CCG 83.2%, national 83.8%). We were shown data from the QOF 2014/15, which showed the practice had improved their performance for dementia related indicators by achieving 100%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We were shown three clinical audits completed in the last 18 months, two of these were completed audits where the improvements made were implemented and monitored. We reviewed an audit on whether patients were notified about their cervical smear result. The initial audit had been carried out in January 2014, and a re-audit took place in March 2014. The initial audit showed that 10% of patient records revealed they had been notified of their result. Action taken included discussing the audit with the clinical staff involved, reaffirming that if results were given (either verbally or in writing) this must be documented within the patient record, and writing to all patients to confirm their result and recall date. The re-audit showed that 25% of

# Are services effective?

## (for example, treatment is effective)

patients had been notified of their result. The practice recognised that there were still further improvements to be made and took action by managing staff performance, and writing to all patients to inform them of their cervical smear result and recall date.

The practice participated in applicable local audits, benchmarking and peer review. Findings were used by the practice to improve services. For example, the practice had high referrals rates to secondary care which was attributed to referrals made by locum GPs who may have been unfamiliar with local procedures and referrals to community services. Action taken as a result included stopping routine GP locum use to ensure permanent GPs were solely responsible for referrals.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as health and safety, confidentiality, and training and development.
- 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. This included on-going support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff (excluding GPs) had an annual appraisal with the practice, and the practice manager was aware that this was now due.
- Staff received training that included: safeguarding, basic life support, and infection control. Staff had access to and made use of in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service

electronically, by post or by fax. The GP who saw these documents and results was responsible for the action required. Out-of-hours reports, 111 reports and urgent pathology results or letters were seen and actioned the same day by the GP principal. There was a process for reviewing correspondence and staff we spoke with were familiar with this. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. For example, the practice had supported a vulnerable adult with a mental health condition who frequently failed to attend appointments despite telephone reminders and letters being sent. The practice liaised with the hospital mental health team and carried out joint home visits to support the patient. We saw evidence that multi-disciplinary team meetings, attended by district nurses, community pharmacists, the primary care navigator, and palliative care nurses took place on a monthly basis and that care plans were routinely reviewed and updated. The primary care navigator also attended the weekly clinical meeting so that vulnerable patients were reviewed more frequently.

### Consent to care and treatment

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

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring

## Are services effective? (for example, treatment is effective)

advice on their diet, smoking and alcohol cessation. For example, the HCA provided smoking cessation appointments and a smoking cessation advisor offered a weekly drop-in clinic. Data from the CCG showed that the practice had achieved the target number of 'quit dates' for January 2015 (in order for a quit date to qualify a patient must have signed up to the six week smoking cessation programme, attended at least one session with a trained advisor, have a carbon monoxide reading taken and all information uploaded onto a real time database). Patients could also self-refer or be referred to a 'health trainer', who attended the practice weekly and provided tailored one to one lifestyle advice.

The practice's uptake for the cervical screening programme was 68.5%, which was below the CCG and national averages of 77.4% and 81.9% respectively. Staff told us that they anticipated performance improving with the recruitment of a permanent practice nurse. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice provided a fortnightly baby clinic and extra time was allocated to antenatal and postnatal care.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 89.6% (CCG 73.7% to 80.7%), and five year olds from 68.4% to 89.5% (CCG 64.1% to 87.1%). The practice nurse monitored and followed up children who had not attended for their vaccinations. Flu vaccination rates for the over 65s was 69.71% (national average 73.24%), and at risk groups 55.75% (52.29%).

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. Data showed that eight out of ten patients who were offered an NHS health check had received one between April 2015 and June 2015. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A blood pressure pod was also available in the waiting room and patients were encouraged to take their blood pressure before seeing the doctor. Instructions on how to use the machine and print results were provided.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were 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 area to discuss their needs.

Three patients we spoke with provided positive feedback about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two patients were less positive about the service and said they felt some clinical staff did not take the time to listen to their concerns. The eight CQC comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2015 showed mixed responses from patients responding to questions about how they were treated and if this was with compassion, dignity and respect. The practice was below the CCG and national averages for interactions with the GPs, and similar to average for interactions with the nurses. For example:

- 60% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 63% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 65% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 88% said the last nurse they spoke to was good at listening to them compared to the CCG average of 86% and national average of 91%.

- 92% said the last nurse they saw gave them enough time compared to the CCG average of 87% and national average of 92%.

- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.

- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

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

Most patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. These patients 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 2015 we reviewed showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment, and results were below local and national averages. For example:

- 65% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.

- 59% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language, and we saw notices informing patients this service was available. The electronic check-in system and the health pod also had options for patients to view the information in a variety of languages.

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The percentage of patients with a caring responsibility was 18.2%, the same as the national average. The practice's computer system alerted GPs if a patient was also a carer and they were supported, for example by offering the flu vaccination and referral to the primary care navigator for further support. A designated carer's noticeboard was displayed in the waiting room to ensure they understood the various avenues of support available to them.

If a patient had passed away their records were updated immediately and the information was put on the staff noticeboard to ensure staff did not attempt to contact the patient. Staff told us that if families had suffered bereavement they were referred to or given advice on how to access support services. For example, patients could be referred to the primary care navigator for support, or a bereavement service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, a 'near miss' involving a patient whose records showed an allergy to a brand name of a penicillin antibiotic rather than clearly noting a penicillin allergy was written up and the learning disseminated to pharmacy colleagues and the CCG.

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

- Longer appointments were available for people with a learning disability, those with mental health conditions, patients with multiple conditions, and for appointments where an interpreter was required.
- Urgent appointments were available the same day for emergencies cases, the elderly, and children.
- If a patient over 75 did not attend for an appointment reception staff would get in touch with the patient, or inform the primary care navigator if they were unable to speak with the patient.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- The practice offered extended hours on a Monday and Tuesday evening until 20:00 for working patients who could not attend during normal opening hours.
- Accessible toilets and baby changing facilities were available.
- Translation services were available over the phone or in person. The electronic check-in system and the blood pressure pod also had options for patients to view the information in a variety of languages.
- Patients could access a male or female GP.
- Staff told us they tried to be flexible by avoiding booking appointments at busy times for people experiencing poor mental health or who may find this stressful.

### Access to the service

The practice was located on the ground floor and was accessible for wheelchair users. The practice was open every weekday from 08:00 to 13:00 and 14:00 to 18:30, with extended opening hours from 18:30 to 20:00 on Monday

and Tuesday. Appointments were available between these times, and could be booked six weeks in advance over the telephone, online or in person. Urgent appointments were also available for people that needed them, and information on the appointment system could be found in the practice leaflet and website. If a patient called the practice from 13:00 to 14:00 an answer message requested they call back during opening hours, or if it was an emergency to call a priority telephone line which was monitored by staff during this time. Outside of normal opening hours patients were directed to an out-of-hours GP, or the NHS 111 service.

Results from the national GP patient survey 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to or below the local and national averages. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 79% of patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 63% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 32% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

Some patients we spoke with on the day told us they usually waited for long periods after their appointment time to be seen. They told us this was the case when seeing certain doctors. Some comment cards we reviewed aligned with these views of long waiting times. The practice were aware of this and told us that opportunistic screening carried out by the GPs during consultations meant that appointments may overrun, however they told us that the recruitment of a new nurse would support the GPs in carrying out medical reviews and managing chronic diseases.

### Listening and learning from concerns and complaints

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

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

We saw that information was available to help patients understand the complaints system. For example, posters were displayed at the practice entrance, and information was included in the practice leaflet and on the website. Patients we spoke with were not aware of the process to follow if they wished to make a complaint, however they told us they felt comfortable requesting the information from staff.

The practice received eight complaints in the last 12 months. We reviewed two of these and found these were

satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient had made a suggestion about how a referral to community services was handled. The practice reviewed this as a complaint, and we saw that it was discussed at a clinical meeting as a learning exercise for the GPs.

# Are services well-led?

Requires improvement 

(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 formalised vision or strategy, and practice values had not been documented or shared with staff. The GP principal was able to describe the practice's vision and strategy for improving services provided for patients and ensuring the service was patient led. They spoke about the 'out-of-hospital services' as a priority for the practice and discussed how these would be incorporated into the practice strategy. Other staff spoke about the importance of providing patient-centred care however they were not aware of a formalised vision or strategy for the practice. We did not see any information on values displayed within the practice.

### Governance arrangements

The practice had a governance framework which outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- Recruitment in key areas such as nursing was a priority for the practice to promote good outcomes for patients. The practice had offered employment to a practice nurse applicant to cover five sessions per week.
- Clinical audits were used to monitor quality and to make improvements.
- The Quality and Outcomes Framework (QOF) was used to measure the practices performance, and all GPs were involved in monitoring the QOF domain areas. Current results for 2013/14 were 70.4% of the total number of points available. This was below the clinical commissioning group (CCG) (89%) and national averages (93.5%). The practice showed us data from the QOF 2014/15, which revealed they had improved performance to 79.5% of the total number of points available but they were aware that further improvements were required.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had not

documented some significant events, the risks associated with dealing with medical emergencies without medical oxygen had not been assessed, and staff had not received fire safety training.

### Leadership, openness and transparency

The GP principal and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. The GP principal was the clinical lead and carried out the majority of home visits and emergency appointments. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The management encouraged a culture of openness and honesty.

Regular administration and clinical meetings were held with minutes recorded and circulated to staff who could not attend. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or with management and were confident in doing so. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), annual practice survey, national GP patient survey, the friends and family test, a comments box in reception, and complaints received. Results from the friends and family test in July 2015 showed that 10 respondents (77%) were extremely likely to recommend the practice and two (15%) were extremely unlikely to.

There was an active PPG which met every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in 2014 patients had commented on the high use of GP locums and the long waiting time to see a GP of their choice. The practice took action by employing two salaried GPs who were highly experienced, to ensure there was continuity of care for patients. Patients also stated that the décor in the waiting room was dull and uninviting. The

# Are services well-led?

Requires improvement 

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

practice worked with a local primary school and pictures created by the school children were now displayed around the practice and in the waiting room. We received feedback from three PPG members who spoke positively about the service. They told us the PPG were involved in decisions and contributed to how the practice had been restructured. Their aim was to recruit more representatives from different population groups and to make use of online facilities so that patients could receive the next survey online.

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

## Innovation

The practice had extended the role of one of the medical secretaries to assist patients with referrals, chasing appointments, and preparing for procedures. Patients could book an appointment to see the staff member, who liaised directly with community and hospital services if there were any issues with appointments or if the patient needed further information. Staff told us this meant the GPs did not have to follow up such requests during appointments, and it was meeting the needs of vulnerable patients including the elderly, and those who did not have English as a first language.

The GPs had increased the use of the practice's electronic systems and voice dictation software to create templates and protocols to assist in the long-term management of patient records.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of arrangements for dealing with medical emergencies because staff did not have access to medical oxygen and no risk assessment had been undertaken as to why medical oxygen was not available.</p> <p>The registered person did not have a robust system in place to ensure all significant events and near misses were documented.</p> <p>An up to date fire risk assessment had not been completed and staff had not received appropriate training in fire safety.</p> <p>This was in breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).</p>