Dr Shibopriyo Mukhopadhyay

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shibopriyo Mukhopadhyay practice on 24 March 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice was inadequate for providing an effective, responsive and well led service. It required improvement for providing safe services. We rated the practice as good for providing a caring service. We rated all population groups inadequate.

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

- Patient feedback indicated they experienced significant difficulties accessing both urgent and non-urgent appointments and experienced further delays when waiting for their appointment to start. As a result the numbers of patients attending the walk in centre and accident and emergency (A&E) was higher than other local practices.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Systems for recording, monitoring and reviewing information about safety needed strengthening to assure the provider all actions and learning outcomes had been completed.
- Risks to patients were not always identified, assessed and managed (For example the need for criminal record checks for chaperones, risks associated with infection control and safe staffing levels).
- Although there was some evidence of clinical audits, we found limited evidence to demonstrate they were driving improvement to patient outcomes.
- Data showed outcomes for older people, working age and those recently retired were below average for the locality.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. However governance arrangements needed to be strengthened to ensure effective systems were in place to regularly assess and monitor the quality of services provided.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks. Staff undertaking chaperone duties must have a satisfactory DBS check in place or a risk assessment which clearly demonstrates why this is not necessary.
- Ensure robust systems are in place to regularly assess, monitor and mitigate the identified risks and quality of services provided to patients. This includes having regard to complaints, comments and views of patient experiences in respect of poor telephone access, the appointment system and staffing levels.
- Ensure audit cycles are completed in order to demonstrate improvements made to patient outcomes.
- Ensure the infection prevention and control processes are strengthened to assure the provider that all staff have up to date training and guidance.

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?

Requires improvement

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

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated within the practice team to support improvement.

Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

Areas of concern included: a lack of DBS checks or risk assessments for staff undertaking chaperone duties; up to date infection control training for staff and some pre-employment checks for staff.

Data reviewed and feedback from staff and patients showed staffing levels across the practice were insufficient to keep patients safe. The practice was aware of this and was in the process of undertaking a staffing needs analysis.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, and there are areas where improvements must be made.

Knowledge of and reference to the National Institute for Health and Care Excellence (NICE) guidelines was inconsistent; and as a result patients' needs were not always assessed and their care planned and delivered in line with current guidance.

Whilst there was some evidence of completed clinical audits, none of these were a completed audit cycle where the practice was able to demonstrate the changes resulting since the initial audit.

The practice did not have effective systems in place to use information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. For example, NHS health checks had not been proactively offered to patients aged 40 to 74 and only 30 patients had received this check for 2014/15.

Data showed mixed patient outcomes for this practice. For example, most of the 2013/14 QOF data was above the CCG and national averages; however the practice was an outlier for some of the CCG targets. This included care for people with learning disability, osteoporosis and rheumatoid arthritis.

Summary of findings

Staff had received training appropriate to their roles and identified further training was yet to be planned for. There was evidence of appraisals and personal development plans for staff. Multidisciplinary working was taking place.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data reviewed showed that patients rated the practice the same as others for most aspects of care. For example, 83% of respondents to the national patient survey said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

Patients told us they were treated with compassion, dignity and respect. We also observed that staff treated patients with kindness and respect, and maintained confidentiality. Most patients said they were involved in decisions about their care and treatment.

Information was available to help patients understand the services available to them and people whose first language was not English could access translated information in a variety of languages including Polish, Hindi and Punjabi.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services, and there are areas where improvements must be made.

The practice had not proactively reviewed the needs of its local population and put a plan in place to secure improvements for all of the areas identified. The practice worked with the NHS England Area Team and Clinical Commissioning Group (CCG) but did not always engage effectively to secure improvements to services where these were identified.

Appointment systems were not working well and needed to be reviewed to ensure patients received timely care when they needed it. This had also been identified at our 08 January 2014 inspection. Patients reported considerable difficulty in telephone access and obtaining a GP appointment due to the practice operating a same day appointment system with limited availability for pre-bookable routine appointments.

This view was supported by data from the national patient survey results published in January 2015. For example, 38% of respondents found it easy to get through to this surgery by phone compared with the CCG average of 67% and national average of 74%. Fifty-nine percent (59%) described their experience of making an appointment as good compared with the CCG average of 72% and national average of 74%.

Summary of findings

Data demonstrated that the percentage of patients from the practice using accident and emergency and walk in centres was higher than others in the local area, as was the percentage of patients who were referred to outpatient services discharged without any treatment.

Patients could get information about how to complain in a format they could understand and learning from complaints had been shared with staff. The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Inadequate 

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

The practice had a vision and a strategy and staff were aware of this and their responsibilities in relation to it. However, the systems in place for assessing and monitoring service provision were not robust to ensure that service users were protected against the risks of inappropriate or unsafe care and treatment.

The practice had received feedback from patients however improvement work had not been implemented to address identified areas of concern. The practice patient participation group (PPG) had restarted their meetings in 2015 and reported minimal involvement with the leadership to date.

There was a documented leadership structure and staff we spoke with felt supported by management. The practice had a number of policies and procedures to govern activity, and most of them had been reviewed and were up to date. Staff had received inductions, performance reviews and attended staff meetings and events.

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

Inadequate

The practice is rated as inadequate for the care of older people.

Care and treatment of older people did not always reflect current evidence-based practice and nationally reported data showed that outcomes for patients for conditions commonly found in older people were below CCG and national averages.

This included care for osteoporosis (a condition which leads to fragile bones). For the year 2014/15, eight patients had been diagnosed and were on treatment for osteoporosis. The available comparative QOF data showed the practice had achieved 66.7% which was below the CCG average of 80.4% and national average of 83.4 %.

All patients aged 75 years and over were allocated a named GP to provide continuity of care. Pneumonia, influenza and shingles vaccinations were offered to older patients in accordance with national guidance. Longer appointments and home visits were available for older people when needed. Carers were identified and supported to care for older people.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions.

The practice maintained registers of patients with long term conditions and most of them were offered structured annual review to check that their health and medication needs were being met.

The 2014/15 QOF data as at 25 March 2015 showed the practice had achieved 84.5% QOF points out of a possible 100% with lower values achieved in four out of 24 clinical indicators. These included care for cardiovascular disease, depression, diabetes, and osteoporosis.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified. 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. Longer appointments and home visits were available when needed.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people.

Summary of findings

Appointments were available outside of school hours in the afternoon or late evening. Two parents we spoke with told us morning appointments before 9am should be considered by the practice. Staff told us urgent appointments with the GP or nurse were available for children who were unwell.

Immunisation rates were lower for most standard childhood immunisations compared to other practices in the CCG. However, the CCG told us the uptake of childhood vaccinations was a wider issue experienced in the local area and not practice specific. This practice performed best across the CCG in respect of vaccinations at five years old.

There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people at risk of abuse.

We saw good examples of joint working with midwives and health visitors attached to the practice. The premises were suitable for children and babies. Family planning services and antenatal care were provided for women.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students).

The majority of patients registered at the practice were of working age, students and the recently retired. Data and feedback we received indicated that in spite of this being the practice's main patient demographic their needs had not been considered proactively and several patients told us that access to the service was not suitable for their needs and circumstances.

There were no early or extended opening hours for working people. For example, the first GP appointment was available from 10am and last GP appointment was 5.40pm; and the practice was closed between 1 and 2pm.

The practice offered on line services as well as a full range of health promotion and screening services which reflected the needs of this age group.

However, there was a low uptake for health promotion and screening programmes. For example, NHS health checks had been completed for 30 patients aged between 40 and 74 in 2014/15 and cancer screening rates were also below CCG and national averages.

Summary of findings

Sixty six point two percent (66.2%) of females between 50 and 70 years had been screened for breast cancer in the last three years compared to the CCG average of 77.9% and national average of 72.2%.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability or at risk of abuse.

It had offered annual health checks for all its patients with a learning disability and 80% of these patients had a care plan in place. The practice had liaised with the local learning disability health facilitator to ensure that patients who had not attended their checks received appropriate follow-up.The practice offered longer appointments for people with a learning disability.

The practice worked with multi-disciplinary teams in the case management of vulnerable people and directed them to various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The practice had 25 patients on its register for mental health and 12 of them required a care plan. All 12 patients had a comprehensive care plan.

Information about how to access various support groups and voluntary organisations including MIND (national charity for people with mental health needs) were available in the practice.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and those with dementia.

Practice supplied data as at 25 March 2015 showed 91.6% of eligible patients on the dementia register had received a review within the last 12 months. The GP had carried out advance care planning for some patients with dementia.

Summary of findings

What people who use the service say

Prior to our inspection we left comment cards for patients to complete. We received 15 completed comment cards. All of the comment cards were positive about the care received and indicated the patients believed they were treated with compassion, dignity and respect.

There were five cards which also included negative comments. Three said that getting an appointment could be difficult, and two said that the GPs often did not keep to time with appointments.

We looked at the results of the national GP patient survey published in January 2015. Three hundred and forty-five (345) patient surveys were sent out and 103 patients returned these which was a 30% completion rate. The practice performed better than others in the CCG area in relation to the following areas;

- 98% of patients said the last nurse they saw gave them enough time (the CCG average was 94%)
- 91% said the last GP they saw or spoke with was good at involving them in decisions about their care (the CCG average was 87%) and
- 89% said the last GP they saw was good at giving them enough time (the CCG average was 86%).

The practice did not perform well in the following areas and in all cases their results were well below the CCG average;

- 38% of patients said it was easy to get through to the practice on the phone (the CCG average was 67%)
- 43% said they usually wait 15 minutes or less to be seen (the CCG average was 66%) and
- 62% of respondents said they were able to get an appointment to see or speak someone the last time they tried (the CCG average was 84%).

Sixty-two patients had completed the family and friends test forms and 95% commented they would recommend the practice to a family member or friend. This was in contrast to the national patient survey results which showed 57% of respondents would recommend this practice to someone new to the area which was below the CCG average of 73% and national average of 78%.

We spoke with eleven patients during our inspection. All but one patient said they were happy with the care they received, and they thought the staff were all professional, approachable, and caring. However, six out of eleven patients commented on difficulties with telephone access in the morning and the appointment system.

Two people did not feel confident they could be seen in an emergency therefore presented themselves at walk in centres if no appointments were offered. Patients also reported waiting times of up to 45 minutes for their appointment.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks. Staff undertaking chaperone duties must have a satisfactory criminal records check in place or a risk assessment which clearly demonstrates why this is not necessary.
- Ensure robust systems are in place to regularly assess, monitor and mitigate the identified risks and quality of services provided to patients. This includes having regard to complaints, comments and views of patient experiences in respect of poor telephone access, the appointment system and staffing levels.
- Ensure audit cycles are completed in order to demonstrate improvements made to patient outcomes.
- Ensure the infection prevention and control processes are strengthened to assure the provider that all staff have up to date training and guidance.

Dr Shibopriyo Mukhopadhyay

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, two CQC inspectors, a practice manager and an expert by experience.

Background to Dr Shibopriyo Mukhopadhyay

Dr Mukhopadhay's practice provides primary medical care services to approximately 3,320 patients in Sutton-in-Ashfield in North Nottinghamshire. The practice is based at a single location: at Ashfield Medical Centre, King Street, Sutton-in-Ashfield, Nottinghamshire NG17 1AT.

Dr Mukhopadhyay is a single handed GP and is supported by one salaried GP who works part time (Monday and Friday). Both GPs are male and deliver nine clinical sessions each over a two week period. The nursing team comprises of two part-time practice nurses (1.2 whole time equivalent). The clinical team is supported by the practice manager and four staff undertaking administrative and / or reception roles.

The practice was open from 8.30am to 6.30pm each weekday and the reception was closed between 1.30pm and 2.30pm. Appointments were available from 10am to 12.10pm and 3.30pm to 5.40pm on weekdays excluding Wednesday. Appointments on Wednesdays were available from 10am to 12.10pm; and only emergency appointments were available during the afternoon.

The practice has a Primary Medical Services (PMS) contract with NHS England. This is a contract for the practice to deliver primary care services to the local community or communities. Services offered include immunisations for children, foreign travel, minor surgery, diabetic clinic and ear syringing.

The practice has an increasing patient list size including a growing Polish population who represent 12.4% of the total population. The salaried GP speaks Polish, which enables patients' access to a GP who can converse with them in their preferred language.

The practice was previously inspected on 08 January 2014 in five outcome areas of which the provider was found compliant. The outcome areas included: respecting and involving people who use services; care and welfare of people who use services; safeguarding people who use services from abuse; supporting workers and complaints.

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.

This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

Detailed findings

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 24 March 2015. During our visit we spoke with a range of staff including a GP, practice nurse, and administrative staff. We also spoke with two CCG members of staff including the prescribing advisor.

We spoke with eleven patients who used the service including three members of the patient participation group. The patient participation group are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. We observed how people were being cared for and talked with patients We reviewed 15 completed comment cards where patients shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example a needle stick injury to a member of staff had been recorded and the action taken including receiving a blood test and Hepatitis B booster.

National patient safety alerts were disseminated by the GP or practice manager to practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. For example, the alert related to an outbreak of Ebola in West African countries and posters were available to inform the public. This ensured that all staff were aware of the information they needed to share with patients and the advice to give regarding care and treatment.

We reviewed safety records and incident reports where these were discussed for the previous two years. This showed the practice had managed these over time, although the recording systems needed strengthening to ensure dates of completion were noted for actions required and agreed learning outcomes.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred within the last two years and we were able to review these. Two significant events had been reported in the last 12 months.

One significant event related to safeguarding concerns which had been recorded in January 2015. We saw that appropriate action had been taken in liaison with other health and social professionals to ensure the safety of the child. Learning outcomes had also been identified for the GP and were due to be reviewed at a meeting after our inspection. However, these concerns had not been notified to the Care Quality Commission (CQC) as legally required.

Significant events were not a standing item on the practice meeting agenda although a dedicated meeting was held at least every six months to review actions from past significant events and complaints. There was evidence that the events and findings were shared with the practice staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so. Staff told us they discussed significant events in monthly practice meetings but this was not supported by the records we looked at.

Staff used incident forms and sent completed forms to the practice manager. They showed us the system used to manage and monitor incidents. We tracked incidents from the last year and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. Where patients had been affected by something that had gone wrong, they were given an apology and informed of the actions taken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training.

Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice GP was the lead for safeguarding vulnerable adults and children. They had been trained to an appropriate level and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware of the lead and who to speak with in the practice if they had a safeguarding concern.

There was a chaperone policy in place. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Information about chaperones was displayed on the waiting room noticeboard and on consulting room doors. This information was available in four languages: English, Polish, Urdu and Hindi as these were the most commonly spoken languages of patients at the practice.

Requires improvement

Are services safe?

All nursing staff had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had undertaken in-house training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. However, reception staff had not had a Disclosure and Barring Service (DBS) check and there were no risk assessments in place to assure us appropriate safeguards were in place to protect patients.

Records reviewed showed the practice maintained a child protection register and this was discussed with the health visitor, midwife and practice team to ensure all staff were aware of the current concerns or support being provided. The lead safeguarding GP was aware of the practice's vulnerable children and adults; although they did not always attend the monthly meetings with the health visitor and midwife.

Records reviewed showed the GP lead was appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed.

We saw examples of where the GP had acted appropriately in response to safeguarding concerns. This included undertaking appropriate medical examinations, liaison with social services, hospital and the local multi agency safeguarding hub. A system was in place for:

- highlighting vulnerable patients.
- following up on children who persistently failed to attend medical appointments, childhood immunisations as well as accident and emergency (A&E) attendances.
- following up on families living in disadvantaged circumstances (including older people at risk of abuse by their adult children and people at risk of self neglect).

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The nurses administered vaccines using patient group directions (PGD) that had been produced in line with legal requirements and national guidance. A PGD is a written instruction from a qualified and registered prescriber, such as a doctor, enabling a nurse to administer a medicine to groups of patients without individual prescriptions. We saw up-to-date copies of both sets of directions and evidence that nurses had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and some cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice nurse was the lead for infection control and had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role; however most staff had not received an annual update as stipulated in the practice's policy.

The need for up to date staff training had also been identified in the practice's most recent infection control and prevention audit, completed on 19 March 2015. Plans for further training were being considered but no confirmed date had been agreed at the time of our inspection. Most of the improvements identified for action from the audit had been completed.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. Staff had signed to confirm awareness of their responsibilities to keep patients safe. Personal protective equipment including disposable gloves, aprons and coverings were

available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

We also found that some infection control policies required review to ensure they were comprehensive and up to date. For example, the policy for dealing with spillage of body fluids and sharps management. Notices about hand hygiene techniques were displayed in most of the staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

A risk assessment for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal) had been carried out in 2013. We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. The practice had an equipment / asset register of all equipment available

All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date, which was 5 December 2014. A schedule of testing was in place. We saw evidence of the contract in place for the calibration of relevant equipment such as; weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer. The calibration of equipment had been completed in December 2014.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. The three staff files we looked at contained most of the pre-employment checks required by law. For example, all three staff files contained documentary evidence of full employment history, relevant qualifications and satisfactory evidence of good conduct in previous employment including references.

However, two of the staff files did not contain proof of identity including a recent photograph and there was no satisfactory information about any physical or mental health conditions for one clinical member of staff. This was not in line with the provider's policy. The practice manager told us this information would be obtained following our inspection.

The records for clinical staff showed up to date registration with the appropriate professional body and that DBS checks had been undertaken. These 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.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. They told us there were usually enough staff to maintain the smooth running of the practice although some acknowledged it would be helpful to have more GP sessions to meet patient demand.

This was aligned with the patient feedback we received including data from the national patient survey published in January 2015 which indicated that only 62% of respondents were able to get an appointment to see or speak to someone the last time they tried. This meant 38% of patients were not always able to get an appointment when needed.

We saw there was a rota system in place for different staff groups to ensure that enough staff were on duty. There was also an arrangement in place for nursing and administrative staff to cover each other's annual leave. Although locums were used by the practice, on some occasions no alternative GP cover was arranged when the part time salaried GP was on annual leave which could be for four to six weeks. The part time GP worked on Mondays and Fridays; and staff reported these days were busy.

The GP partner recognised the need for additional clinical support to improve the quality of care for patients. Records reviewed showed the practice had undertaken an analysis of their strengths, weaknesses, opportunities and threats; and had identified increasing workload as a weakness.

The management team told us a needs analysis and risk assessment were in the process of being completed taking into account the increased population size and the needs of 12% of the practice population whose first language was

Requires improvement

Are services safe?

Polish. Meetings had taken place to consider potential mergers with other practices to support new ways of working including ensuring that sufficient numbers of suitably qualified staff were employed. However there were no firm action plans in place to address these identified concerns at the time of our inspection.

Monitoring safety and responding to risk

The practice systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, dealing with emergencies and equipment. Risks were identified, rated and recorded in the business continuity plan with actions recorded to reduce and manage the risk. We saw that risks were sometimes discussed in team meetings.

The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example:

- There were emergency processes in place for patients with long-term conditions. Staff gave us examples of referrals made for patients whose health deteriorated suddenly.
- Staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support, cardio pulmonary resuscitation (CPR) and anaphylaxis. Emergency equipment was available including access to oxygen and an automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly**.**

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia (low blood sugar). Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of the water supply and fire alarm companies.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety and the duties of the fire marshal. Records reviewed showed most staff had received fire safety awareness training and confirmed reading the practice's fire safety policy and being aware of their responsibilities. We saw that regular checks were undertaken of the fire alarm systems, fire fighting equipment and emergency lighting.

Most risks associated with service and staffing changes (both planned and unplanned) were included in the business continuity plan. We saw an example of this, including the actions that had been put in place to manage when staff were incapacitated through ill health.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could outline the rationale for most of their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. This included requirements of the directed enhanced service relating to facilitating timely diagnosis and support for people with dementia, avoiding unplanned admissions and NHS health checks. Staff we spoke with confirmed these actions were designed to ensure they were clear about their role in identifying relevant patients and supporting them to achieve good health outcomes.

We found from our discussions with the GP and nurses that most staff completed assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

However, we found the practice's report titled "a therapy review of osteoporosis" was not in line with NICE guidelines in respect of assessing the risk of fragility fracture and we could not conclude from this review the impact on patients care. Practice records showed seven patients were diagnosed and on treatment for osteoporosis by March 2015.

The practice nurses led in specialist clinical areas such as diabetes, heart disease and asthma and were supported by the GPs where required. This allowed the practice to focus on specific conditions.

Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. However, there were limited records to evidence that the GP supported all staff to continually review and discuss new best practice guidelines for the management of these conditions.

The practice assessed patients with long-term conditions and multi-morbidities for anxiety and depression. However, data reviewed showed low percentage points of patients receiving intervention. For example;

- The 2013/14 QOF data showed 33.3% of patients with a new diagnosis of depression in the preceding year had an assessment by the point of diagnosis were receiving intervention. This was 33.4 percentage points below CCG average and 42.5 percentage points below national average.
- We also noted the exception rating for depression was 66.7% compared to the CCG average of 22% and national average of 16.1%. An exception is recorded in QOF when a patient does not receive the nationally recommended treatment or intervention. There can be a number of reasons for this including not attending the appointment on three occasions, recall systems for follow-up not being robust or not being suitable to receive the treatment for medical reasons.

The 2014/15 QOF data as at 25 March 2015 showed the practice register for depression had 59 patients. None of the three identified patients requiring review had received a reassessment in line with NICE clinical guideline on depression in adults. This guideline states that patients with mild depression or sub-threshold symptoms should be reviewed and re-assessed after initial presentation, normally within two weeks.

Management, monitoring and improving outcomes for people

The practice showed us two clinical audits that had been undertaken in the last two years. One of these was an audit relating to cardio-vascular disease; and another audit related to minor surgical procedures. None of these were a completed audit cycle where the practice was able to demonstrate the changes resulting since the initial audit.

We found limited records to demonstrate that the GP was regularly making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff; although staff we spoke confirmed this happened.

At the time of our inspection, the 2014/15 QOF data showed the practice had achieved 84.5% QOF points out of a possible 100% with lower values achieved in four out of 24 clinical indicators. These included care for cardiovascular disease, depression, diabetes, and osteoporosis. Comparative data for 2014/15 for local and national averages were not available at the time of our inspection.

Inadequate

Are services effective?

(for example, treatment is effective)

The practice provided individualised care to patients who were approaching the end of their life. It had a palliative care register and staff participated in regular multidisciplinary meetings to discuss the care and support needs of patients and their families. The practice had a lead member of staff who co-ordinated the palliative care register and who arranged support for bereaved families.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice were not performing as well as other practices in the area on a number of indicators. For example in respect of prescribing and the number of outpatient referrals where patients did not require further treatment.

We saw that the practice was supported by the prescribing advisor from the CCG in respect of prescribing and medicines management. The CCG provided the practice with prescribing monthly updates highlighting areas of improvement such as antibiotic prescribing (the practice performance in respect of antibiotic prescribing was higher than similar practices).

The updates also highlighted areas the practice was doing well for example prescribing of specific medicines for patients with asthma. Discussions held with the CCG prescribing advisor confirmed the practice actively engaged with them in improving their prescribing and medicines management.

The CCG benchmarked the practice against other practices in the locality and this practice was over their allocated budget for prescribing. Data reviewed showed the pattern of hypnotics, sedative and anti-psychotic prescribing had reduced and was similar to local practices but improvements were still required in respect of antibiotic prescribing.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending courses such as annual basic life support and records management. The GP we spoke with was up to date with their yearly continuing professional development requirements and had been revalidated.

Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology. Those with extended roles such as seeing patients with long-term conditions such as asthma, diabetes and heart failure were also able to demonstrate that they had appropriate training to fulfil these roles.

The practice had identified training and development as an area of improvement; in particular creating time to support staff. As a result of this, plans were in place to introduce a training passport for the practice manager to track and verify staff training records; as well as offer a training and development plan for staff.

Our interviews with staff confirmed that the practice provided training courses relevant to their roles. For example, one nurse asked to receive spirometry training (a spirometer measures lung function including the volume and speed of air that can be exhaled and inhaled) and had received this; and a receptionist had requested training on recall systems, and they had an action plan to achieve this on file. The CCG told us staff attended protected learning times intermittently.

Staff records reviewed showed staff had up to date appraisals or were due to be appraised in April 2015. We however noted that a few appraisal forms were not fully completed for example dates of completion and signatures to confirm agreed outcomes between the appraiser and staff.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, and out-of-hours GP services both electronically and by post.

The practice had procedures in place detailing the responsibilities of staff in passing on, reading and acting on any issues arising from communications with other care

Inadequate

Are services effective?

(for example, treatment is effective)

providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles.

The practice held monthly multi-disciplinary team meetings to discuss the needs of complex patients, for example those with long term conditions needing extra support and care packages or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. We received positive feedback from the midwife regarding the working arrangements with the practice and they felt staff were very supportive.

Information sharing

The practice used several electronic systems to communicate with other providers to enable patient data to be shared in a secure and timely manner. Electronic systems were in place for making referrals and the practice made referrals through the Choose and Book system. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

The practice provided a printed copy of a summary record for patients to take with them to A&E. The practice had also signed up to the electronic summary care record and planned to have this fully operational by the end of March 2015. This information was displayed for patients on the practice website including the option to opt out. Summary care records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. When clinical letters were received they were date stamped, reviewed and a task sent to the GP through the computer system for action if necessary. Administrative staff demonstrated how this system worked.

Consent to care and treatment

Staff we spoke with were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff understood the key parts of the legislation and were able to describe how they implemented it in their practice.

There were procedures in place to ensure patients who may lack capacity to make decisions were assessed, for example when making do not attempt resuscitation orders. This procedure highlighted how patients should be supported to make their own decisions and how these should be documented in their records. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. The practice's 2014/15 data showed 80% of people with learning disability had had received a review and had a care plan in place. The care plan example we looked at included the patient's preferences for treatment and decisions; and evidenced patient involvement in agreeing this plan.

We also saw that two patients had a review scheduled for April 2015. We spoke with the local area learning disability health facilitator who confirmed the practice liaised with them in particular patients who did not attend for their appointments to ensure appropriate follow-up was undertaken.

All clinical staff we spoke with demonstrated a clear understanding of Gillick competencies. These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal and written consent was documented with a record of the relevant risks, benefits and complications of the procedure.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. The practice offered NHS Health Checks to all its

Inadequate

Are services effective?

(for example, treatment is effective)

patients aged 40 to 75 years. Practice data showed that 30 patients in this age group took up the offer of the health check within the last year. This represented 52% of the target set by the CCG.

The practice manager explained that the low uptake had been due a late start in offering the checks due to a "system issue" and meeting minutes reviewed showed a practice meeting had been held with the local public health manager on 9 February 2015 to discuss guidance on NHS health checks so as to improve the systems in place for promoting uptake. This included review of the recall systems and the correct template to use when inviting patients.

The practice identified patients who needed additional support and offered support where needed. For example, the practice kept a register of all patients with a learning disability and all 14 patients were offered an annual physical health check.

The practice's QOF data showed flu vaccination rates for patients with long term conditions such as COPD and diabetes were relatively high at 97.9 % and 88.7% respectively. The practice had also undertaken blood pressure readings for 84.9% of patients on the blood pressure register.

Mechanisms for identifying 'at risk' groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs. Patient feedback confirmed the GP had signposted them to literature and / support groups related to healthy eating, weight loss and walking groups.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The practice's performance for 2014/15 was below average for the majority of immunisations where comparative data was available. For example, data showed the practice had achieved 71.4% uptake for the second dose of vaccine against measles, mumps, and rubella/German measles (MMR) for children aged five years compared to the CCG average of 90.9%.

The CCG told us the uptake of childhood vaccinations was a CCG wide issue and not practice specific; and this practice performed best across the CCG in respect of vaccination at five years old.

The 2014 Public Health data reflected the practice's national cancer screening uptake was lower than the CCG and national average. For example:

- 66.2% of females between 50 and 70 years had been screened for breast cancer in the last three years compared to the CCG average of 77.9% and national average of 72.2%.
- 70.6% of these females had been screened for breast cancer within 6 months of invitation compared to the CCG average of 78.7 % and national average of 74.3%.
- 55.3% of patients between 60 and 69 years had been screened for bowel cancer in the last 30 months (2.5 year coverage); compared to the CCG average of 59.5% and national average of 58.3%.
- 49.2% of these patients had been screened for bowel cancer within 6 months of invitation compared to the CCG average of 55.7 % and national average of 55.4 %.

A system was in place to follow up patients who did not attend screening programmes including cervical screening. This included invite by letter or telephone reminders to attend for a health check. The 2014/15 QOF data showed 75.9% of cervical screening had been performed in the last five years.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included comment cards completed as part of the family and friends test and information from the national patient survey published in January 2015. The survey included responses collected during January to March 2014 and July to September 2014. There were 345 survey forms sent out and 103 responses were received. This represented a 30% completion rate.

The evidence from the national patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was in line with others for patients who rated the practice as good or very good; and was average for its satisfaction scores on consultations with GPs. For example:

- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 89% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 88% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.

Higher satisfaction scores were achieved for nurses. For example;

- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 98% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 93% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 15 completed cards and all of them were positive about the quality of care they had received. Patients said they felt the practice offered a good service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Five comments were also less positive with patients expressing dissatisfaction with access to appointments and long waiting times. This was also confirmed by seven out of eleven patients we spoke with. All but one patient we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment 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.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located at the reception desk which was open to the waiting room. Staff played music to mask their conversations and the seating area was a sufficient distance away to help keep patient information private. We observed positive interactions between staff and patients. This included good rapport and patients being treated with care and respect.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager and / or GP. The practice manager told us she would investigate these and any learning identified would be shared with staff. Staff we spoke with had an awareness of treating people with mental health or in circumstances that may make them vulnerable in a sensitive manner.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Patients rated the practice generally well in these areas and the satisfaction rates for GPs were comparable to the CCG and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.

Good

Are services caring?

- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.

Higher satisfaction scores were achieved for nurses. For example;

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Nine out of 11 patients 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available. Patients whose first language was Polish had access to a part time Polish speaking GP on Monday's and Fridays. The primary GP also spoke Hindi and Punjabi.

The practice's Quality Outcomes Framework (QOF) data as at 24 March 2015 showed most patients had being involved in decisions about their care and treatment as part of an annual review or care planning process. QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. For example:

- 100% of eligible patients who experienced poor mental health had a care plan in place.
- 92.8% of patients on the practice register for rheumatoid arthritis had a face to face review in the last 12 months and
- 91.6% of patients on the practice register for dementia had received a review of their condition in the previous 12 months.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day of our inspection and the comment cards we received showed staff responded compassionately when patients needed help and provided support when required. This was consistent with the patient survey information we reviewed which showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

Notices in the patient waiting room and the practice website told patients how to access a number of support groups and organisations. Information in the practice leaflet asked carers to register at reception, to enable the practice to offer additional support and advice.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. One comment card confirmed staff had been very supportive following bereavement in the family.

Where appropriate, patients were also referred to the "Together We Are Better" programme which is a free and new service in Mansfield and Ashfield for people aged 65 and older. One of the programme aims is to help people form friendships with someone who shares the same interests and has a similar personality.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The patient participation group (PPG) had recently started to meet in 2015; and as a result the practice had not carried out their own patient satisfaction survey. We could therefore not assess if the practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the PPG. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice mostly engaged with them although the practice did not participate in some of the CCG led reviews for patients on the registers for coronary heart disease and diabetes.

The practice offered services such as: asthma and respiratory clinics, joint injections, family planning and conception advice. Ante-natal care and support to younger children was provided by the designated midwife and health visitor, who worked closely with the practice.

However, we found the practice was not always responsive to patients' needs and systems in place needed to be significantly strengthened to improve the level of service provided as patients accessed secondary care as a result of poor choice and access.

For example, comments received from patients showed when in urgent need of treatment, they had not always been able to make appointments on the same day of contacting the practice. Additionally, two of the eleven patients we spoke with told us they had used the local NHS walk in service when they had not been able to access a suitable appointment.

Information supplied by the local CCG confirmed the practice had the highest number of patients presenting to accident and emergency (A&E) and the local walk in centre which were above the local and Nottinghamshire county average.

The most recent data showed the respective rates were 380.8 compared to the CCG average of 300.1 and 147 compared to the CCG average of 93.8. Our inspection findings showed this could be as a result of poor access to the service and patients choosing to attend the nearby local hospital as an alternative.

A CCG report indicated there were potential avoidable weekday A&E attendances as the patients were discharged from A&E without an investigation or treatment. The practice acknowledged the high rates of A&E and explained that a high number of their Polish patients, accessed secondary care as this was the custom in their country. We were told attempts had been made by the salaried Polish GP to help these patients choose the right place for treatment.

Additionally we were provided with records to demonstrate that regular monitoring was taking place. This included reviewing the care of patients who had attended secondary care services during multi-disciplinary meetings with the Hardwick Federated Commissioning Group, local CCG and the profiling risk, integrated care, self-management team (PRISM).

Although we found evidence to demonstrate that the practice was working towards reducing avoidable unplanned hospital admissions and A&E attendances, improvements were still required. For example, the CCG and the practice had reviewed a sample of 25 patients who had used secondary care between April 2014 and March 2015.

The audit showed 16 out of 25 A&E attendances were due to poor patient choice and were avoidable; and most of these patients were not regular attenders. The CCG recommended the practice should proactively educate their patients on choosing the right place for treatment and improve access.

The practice had 1.8% of care plans in place for the most vulnerable patients identified as being at risk of hospital admission. This included people receiving end of life care and older people. The practice told us they were still actively trying to increase numbers where clinically appropriate to ensure they had 2% of care plans in place as recommended.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. This included patients with a

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

learning disability and patients whose first language was not English. For example, the practice population comprised of 85% English speaking patients and 12% were Polish speaking.

In response to this, the practice had produced posters and leaflets in Polish language and patients had access to a part time salaried GP who spoke Polish. The partner GP also spoke Hindi and Punjabi. This ensured that patients could speak in their preferred language during consultations. We however noted that patients did not have access to a female GP.

The practice was able to cater for other languages through translation services, although the practice manager said they had not had to use them. We saw that the website had the facility to translate information into different languages The practice manager said that any referral to secondary care (hospital or therapist) would identify the need for an interpreter if the patient needed one.

The consultation rooms used were on the ground floor and an automatic front door entrance operated on approach. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice had a policy to accept any patient who lived within their practice boundary irrespective of ethnicity, culture, religion or sexual preference. Staff told us homeless people or those whose circumstances may make them vulnerable would be registered as temporary residents and they would not turn anyone away needing medical assistance.

While staff demonstrated an awareness of anti-discriminatory practice, records reviewed showed they had not been supported with equality and diversity training.

Access to the service

The practice was open from 8.30am to 6.30pm each weekday and the reception was closed between 1.30pm and 2.30pm. The national patient survey results showed 74% of the respondents were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.

We reviewed the practice appointment system and noted that a same day appointment system was in use with limited pre-bookable or emergency appointments. Appointments were available from 10am to 12.10pm and 3.30pm to 5.40pm on weekdays excluding Wednesday.

Appointments on Wednesdays were available from 10am to 12.10pm; and only emergency appointments were available during the afternoon. Minutes from a practice meeting held in February 2013 stated additional clinics will be added on Wednesday morning but this has never been implemented. We were told that reception staff kept a log of patients who had made attempts to arrange an appointment and if they had tried a number of times then staff could pre-book.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments, home visits and how to book appointments through the website.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Data reviewed and patient feedback showed most people were generally dissatisfied and "frustrated" with the appointment system. They told us they experienced difficulties in telephone access between 8.30am and 9am; and some patients had found it much quicker to queue in person at 08.30am to get an appointment.

We noted that the practice website asked patients to "only ring at 08:30 if you need an appointment" and by 10am there were no available appointments on the day of our inspection. Staff told us patients were asked to call back the following day if there were no appointments available on the day; with the exception of children who were prioritised and seen by the GP or nurse.

The GP national patient survey information published in January 2015 showed the majority of patients responded less positively to questions about access to appointments and generally rated the practice lower in these areas. For example:

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

- 38% found it easy to get through to this practice by phone compared to the CCG average of 67% and national average of 74%.
- 62% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 59% described their experience of making an appointment as good compared to the CCG average of 72% and national average of 74%.

Furthermore, our previous inspection of 08 January 2014 identified patient concerns in respect of poor telephone access and limited availability of appointments. While staff were aware of patient concerns, the practice could not demonstrate at this inspection: improvements or changes made to the availability of appointments and telephone access for patients; as well as the systems in place to regularly assess and monitor the quality of services provided. The practice had also not responded to three concerns on the NHS Choices website in regard to telephone access and appointments.

Working age patients we spoke with said the appointment system and opening hours were not flexible enough to accommodate their work commitments as the practice did not offer early morning or lunch time appointments. This view was also shared by one mother we spoke with. The last GP appointment was available at 5.40pm and 6pm for the nurse. Online booking for appointments had recently been introduced for patient use. The practice was not signed up to providing extended hours for patients.

Patients also reported waiting times of between 10 to 45 minutes after their appointment time to be seen by the GP. This was aligned with the national patient results reviewed. For example:

- 63% of practice respondents felt they normally waited too long to be seen compared to the CCG average of 41% and national average of 42%.
- 57% usually waited 15 minutes and above after their appointment time to be seen compared to the CCG average of 34% and national average of 55%.

Home visits were made to those patients who needed one, for example older people, people who were housebound or too ill to visit the practice. Longer appointments for patients with learning disabilities and mental health were offered including for example, avoiding booking appointments at busy times for people who may find this stressful.

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 mostly in line with recognised guidance and contractual obligations for GPs in England, although the complaints policy made reference to primary care trusts which are no longer in existence. The practice manager agreed to update the information available to patients. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. There were posters displayed in the waiting room, a summary leaflet and information was available on the practice website. This information could also be translated into several languages by the website translation service. Information on advocacy services such as the patient advice liaison service (PALS) was also available to patients.

Patients we spoke with told us if they wished to make a complaint they would raise it with the GP, practice manager and / or receptionists. Seven patients expressed concerns regarding the telephone access and appointment system but had not raised this as a formal complaint.

We looked at four complaints received in the last 12 months and found three had been satisfactorily handled and dealt with in a timely way. One complaint was still in the process of being investigated. All but one of the patient we spoke with had raised concerns and felt it was dealt with appropriately.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review and no themes had been identified. However, lessons learned from individual complaints that had been fully investigated had been acted; although we saw limited improvements made to the quality of care as a result.

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 had a vision to deliver high quality care and promote good outcomes for its patients. However, data reviewed and patient feedback showed some aspects of service delivery such as assessment of patients' needs and access to the service did not promote good outcomes for patients.

The patient survey results published in January 2015 showed 81% of practice respondents described their overall experience of this surgery as good; however only 57% would recommend this surgery to someone new to the area which was below the CCG average of 73% and national average of 78%.

The practice had undertaken an analysis of their strengths, weakness, opportunities and threats (SWOT) to inform their succession planning and team development. However, no service improvement plan had been agreed at the time of our inspection to demonstrate the strategy to implement areas identified. The GP told us they were still in discussions with other practices regarding collaborative working or potential mergers before they could make a decision.

The practice aim was "to treat patients with dignity, kindness, compassion, courtesy, respect, understanding and honesty" and to promote good health for its patients. We found details of the vision and practice values were available to patients in the practice leaflet and on the website. Staff we spoke with demonstrated awareness and understanding of the vision and values and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had some systems in place to assess and monitor the quality of services. However, we found these were not sufficiently robust to provide assurances that the practice policies were being followed and / or care was delivered in line with recommended guidance. This included infection control training, implementation of health checks for people aged 40 to 75years and care planning arrangements.

The practice's arrangements for identifying, recording and managing risks needed to be strengthened; in particular risk assessments related to access, the building and environment. The practice manager showed us records to demonstrate that risk assessments had been carried out where some of the risks were identified and action plans had been produced and implemented.

However this was not systematic with evidence of effective action planning being implemented to mitigate against risks. For example, in respect of chaperoning and patients using secondary care as an alternative when they could not access the service.

The service knew where risks were but we were not assured that they always took action in a timely way to address these to improve the service and prevent risk.

There was a clear leadership structure with named members of staff in lead roles. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at 10 of these policies and procedures and staff had signed to confirm that they had read the policy and when. Most of the policies and procedures we looked at had been reviewed annually and were up to date.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The 2013/14 QOF data for this practice showed it was performing in line with CCG average of 91.9% which was below the national average of 93.5%. The practice had achieved 84.5% at the time of our inspection and were due to submit their updated 2014/15 QOF data by 31 March 2015.

There was no ongoing programme of clinical audit within the practice. We saw two clinical audits that had been undertaken in the previous two years. Both audits had not been repeated to check for improvements and the records we reviewed did not show that audits were discussed.

Leadership, openness and transparency

Staff told us that there was an open culture within the practice and they were happy to raise issues at team meetings. We however saw from minutes that team

Are services well-led?

Inadequate

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

meetings were not held regularly. Staff told us daily peer discussions were held on an informal and ad hoc basis given the small team size and this method of communication worked well.

The practice manager was responsible for human resource policies and procedures. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through comment cards relating to the family and friends test, suggestion box and complaints received. Patient feedback was positive about the clinical care received and support from receptionists.

However, the majority were dissatisfied with the telephone access and appointment systems. The practice had not implemented any changes in response to this feedback. The GP told us their priority was to merge with another local practice to increase resources including GPs so as to offer more appointments to patients.

The practice's patient participation group (PPG) had recently started to meet and two meetings had been held to date. The PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

The PPG comprised of five members and they were hoping this would steadily increase in size and have representatives from various population group. The PPG had not carried out any surveys. We spoke with three PPG members and received written feedback from one member. All but one felt the practice was well led.

The practice had gathered feedback from staff through informal discussions, staff meetings, staff away days and appraisals. 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 in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

Clinical staff told us the practice supported them to maintain their clinical professional development through training. The staff files we looked at showed annual appraisals took place which included a personal development plan. Most staff were due for an appraisal review in April 2015 which had been scheduled.

Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended. One member of staff told us they had asked for specific training around chaperoning and this had happened. Practice nurses met every Monday as part of protected learning time and discuss service provision.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings to ensure the practice improved outcomes for patients.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control We found the registered person had not protected people against the risk of cleanliness and infection control. We found some infection control policies required review to ensure they were comprehensive and up to date. For example, the policy for dealing with spillage of body fluids and sharps management. Most staff had not received an annual update in infection and control as stipulated in the practice's policy. **This was in breach of regulation 12(1)(a)(b)(c)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People using the service were not protected against the risks of inappropriate or unsafe care and treatment because the required information as outlined in Schedule 3 (Information Required in Respect of Persons Employed or Appointed for the Purposes of a Regulated Activity) was not recorded. Additionally, not all staff undertaking chaperone duties had a satisfactory criminal records check in place or a risk assessment which clearly demonstrated why this was not necessary.

This section is primarily information for the provider

Compliance actions

This was in breach of regulation 21(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision People using the service were not protected against the risks of inappropriate or unsafe care and treatment because of the lack of: · effective systems for assessing and monitoring the quality of service provision. This included effective use of completed clinical audits to demonstrate improved outcomes for patients; and robust systems for monitoring and mitigating any risks relating to staffing. · Appropriate records relating to the management of the regulated activities and staff employed (infection control, criminal records checks and pre-employment checks). · Additionally, patient feedback on peer telephone access and availability of appointments had not been used to drive improvements to the quality and experience of the patients. This is a breach of Regulation 10(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.