

Dr Pratim Chaudhury

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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 6 January 2016 we carried out a comprehensive inspection at Dr Pratim Chaudhury. Overall the practice was rated as requires improvement. The practice was found to be requires improvement in safe, effective and well-led, good in caring and responsive.

As a result of that inspection we issued the practice with requirement notices in relation to risks to patient safety not being assessed and managed appropriately, the governance at the practice, delivery of person centred care and continuity of care from nursing staff.

We then carried out an announced comprehensive inspection Dr Pratim Chaudhury on 27 September 2017. Overall the practice is rated as good.

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

- Risks to patients who used the service were assessed. There were numerous risk assessments in place, including fire and health and safety.

- Medicine and patient safety alerts had been actioned. We saw that the practice held records of all safety alerts that had been received and a log that documented the date received and any action taken if applicable to the practice. The practice produced evidence of searches already conducted in response to the alerts received.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice had implemented clinical audits and we saw evidence of quality improvement.
- The practice had locum packs and checklists in place for locum recruitment. The medical indemnity for two of the locum nurses was not available on the day of the inspection. However, this was forwarded as evidence on the day of our inspection.
- The practice had identified areas for improvement from the last inspection. Nursing staff were involved in recalling patients and ensuring a holistic approach to reviews.

Summary of findings

- All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A pharmacist worked in the practice for one day per week and completed medication reviews for patients.
- The practice had launched a practice website to increase the use of online services. Patients were able to book appointments on line.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or

building damage. The plan included arrangements for cover from local practices in the area should there be the need. For example, an outbreak of flu virus. Patients would be able to access services locally.

In addition the provider should:

- Implement the procedure to ensure prescriptions are tracked throughout the practice.
- Review the procedure to ensure that fridge temperatures are checked daily in line with the practice protocol.
- Continue to review recruitment checks to ensure that the provider can assure themselves that staff have appropriate indemnity in place.

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 good for providing safe services.

Good



- Staff were able to recognise and report significant incidents. We saw that actions, learning and any follow up required was clearly documented. Each significant event had action taken and learning points cascaded to staff. Following significant events being reported, we saw that staff had all signed a form to confirm that it had been discussed with them.
- Risks to patients who used the service were assessed. There were numerous risk assessments in place, including fire and health and safety.
- Medicine and patient safety alerts had been actioned. We saw that the practice held records of all safety alerts that had been received and a log that documented the date received and any action taken if applicable to the practice. The practice produced evidence of searches already conducted in response to the alerts received.
- The practice had locum packs and checklists in place for locum recruitment. The medical indemnity for two of the locum nurses was not available on the day of the inspection. However this was forwarded as evidence the same day.
- Medicines were appropriately stored and monitored and we saw evidence to support this.
- Patient safety and medicine alerts were shared amongst the clinical team and consistently actioned and a record and log was maintained.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes had improved since the last inspection based on the 2016/17 unverified data.
- The nursing staff that were working in the practice were completing reviews, immunisations and health screening. They were telephoning patients that were hard to engage.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence that audit was driving improvement in patient outcomes
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Multidisciplinary meetings were held monthly.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1.7% of their practice list as carers and signposted these patients to support organisations.
- Information about bereavement support was available in the waiting area and the GP contacted families suffering bereavement to offer additional support.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients told us they were able to make an appointment with the only GP and there was continuity of care, with urgent appointments available the same day.
- The practice belonged to the local GP Alliance which offered patients appointments at weekends.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised.
- The practice had launched a website and patients were able to access this and book appointments online.

Good



Are services well-led?

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

- The practice had a clear vision and ethos, which was described in their Statement of Purpose. The mission statement was displayed within the practice.

Good



Summary of findings

- There was a simple leadership structure and staff felt supported by management.
- The practice had taken on board the outcome of the previous inspection. They told us they wished to use the inspections to learn and improve and that the outcome of this inspection would then focus them on any further areas to improve.
- The practice had implemented clinical audits and we saw evidence of quality improvement.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Longer appointments were available for older people if required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The primary care centre in which the practice was located was easily accessible by anyone with limited mobility.
- The practice worked closely with their admission avoidance patients with a multi-disciplinary approach.

Good



People with long term conditions

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

- The nursing staff had lead roles in chronic disease management. Although the nursing team were locums, they were part of the practice team and one of the nurses had worked at the practice for over two years.
- Longer appointments and home visits were available when needed.
- The practice had identified areas for improvement from the last inspection. Nursing staff were involved in recalling patients and ensuring a holistic approach to reviews.
- All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A pharmacist worked in the practice for one day per week and completed medication reviews for patients.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to Clinical Commissioning Group (CCG) and national targets for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 76%, which was in line with the CCG average 87% and the national average of 81%. This had increased by 2% from the previous year.
- Appointments were available outside of school hours and the premises were suitable for children and babies with baby changing facilities available within the primary care centre.
- We saw positive examples of joint working with midwives and health visitors who were located in the same primary care centre.

Working age people (including those recently retired and students)

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

- The practice had actively attempted to identify the needs of the working age population, those recently retired and students on an on-going basis, although the practice population aged between 20 and 49 years was lower than the national average.
- The practice was a member of the local GP alliance which offered patients appointments at weekends; this was particularly useful for working age people.
- The practice had launched a practice website to increase the use of online services. Patients were able to book appointments on line.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone appointments were available with the GP or nursing team.

Good



People whose circumstances may make them vulnerable

The practice is rated as good 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.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice's dementia indicators from the unverified 2016/17 data were 98%. This was a 10% increase from the 2015/16 data of 88%.
- Mental health indicators from the unverified 2016/17 data were 87%. This was a 7% increase from the 2015/16 data of 81%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for patients with dementia and provided home visits for those unable to attend.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Carers were highlighted on their patient record and offered appropriate vaccinations and health checks.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 301 survey forms were distributed and 110 were returned. This represented a response rate of 37%.

- 81% of patients found it easy to get through to this practice by phone compared to the local average of 62% and the national average of 71%.
- 74% of patients said the last appointment they got was convenient. This was lower than the local average of 85% and the national average of 81%.
- 87% of patients described the overall experience of this GP practice as good compared to the local average and the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were wholly positive about the service experienced. Comments said that there were never problems getting an appointment when they needed one and were happy with the service from the GP, reception staff and the nursing team.

We spoke with a member of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice. They spoke highly of the staff and how caring and attentive they were. Comment cards highlighted that staff were professional and responded compassionately when they needed help.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement the procedure to ensure prescriptions are tracked throughout the practice.
- Review the procedure to ensure that fridge temperatures are checked daily in line with the practice protocol.
- Continue to review recruitment checks to ensure that the provider can assure themselves that staff have appropriate indemnity in place.

Dr Pratim Chaudhury

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Dr Pratim Chaudhury

Dr Pratim Chaudhury is located within a purpose built, primary care centre in the centre of Canvey Island in Essex.

- This purpose built centre offers car parking for patients, facilities for disabled patients, lift access and an on-site pharmacy managed by an external company.
- The practice has a higher than average population of patients aged 15 to 19 years old and aged 55 years and over. The practice has a smaller than average population of patients aged 0 to 9 years old and aged 25 to 39 years old. The practice is located in an area with a higher than average population score.
- At the time of our inspection, Dr Pratim Chaudhury had a list size of 2057 patients. Dr Pratim Chaudhury is registered with the Care Quality Commission as a sole provider; there are no permanent nursing staff so locum nurses are used to cover nursing duties.
- There is a practice manager, a medical secretary and a team of five receptionists. The practice had a pharmacist that was employed through the CCG that worked for the practice one day per week.

- The practice is open from 8am to 6.30pm Monday to Friday. Appointments are offered between 8.30am and 10.30am (11.30am on Thursday), and between 4pm and 6pm Monday to Friday, except Thursday afternoons when there are only emergency appointments available.
- The practice were part of an Alliance where patients could book appointments at a local practice on a weekend and bank holiday.
- When the practice is closed, patients are directed to out of hours services by calling 111. These services are provided by Integrated Care 24.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2017. During our visit we:

- Spoke with a range of staff (practice manager, GPs, practice nurse and reception team).

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing safe services. We found that incidents and near misses were not recorded in sufficient detail to demonstrate actions taken or sharing of information with staff. There was no health and safety risk assessment or fire safety policy. There was no evidence of medicine and safety alerts been actioned. There were no locum packs in place or evidence that locum staff had appropriate checks prior to employment.

What we found at this inspection in September 2017

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of significant events that we reviewed we saw that the practice was open and transparent and that staff were reporting and learning from significant events. There had been three significant events reported in the last year. For example, an NHS computer virus, a patient prescribed incorrect medicine and a patient falling down the stairs.
- We reviewed the three incidents that had been reported. We saw that actions, learning and follow up was clearly documented. For example, staff training and reflection by staff members.
- Each significant event had action taken and learning points cascaded to staff. Following significant events we saw that staff had all signed a form to confirm that it had been discussed with them.

- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and truthful information. We saw from significant events that patients were contacted when applicable.
- We viewed minutes of practice meetings where these were discussed with the team and staff we spoke with were able to talk about significant events that had been reviewed or that they had completed.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team, including the pharmacist and discussed them. We saw that the practice held records of all safety alerts that had been received and a log that documented the date received and any action taken if applicable to the practice. The practice produced evidence of searches already conducted in response to the alerts received.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice had the contact details for safeguarding referrals available in a folder behind the reception desk as well as in the policy. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two as appropriate to their role.

Are services safe?

- A notice on each consulting room door advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place through the buildings management. The nursing staff had schedules for their own cleaning of the consulting rooms and their equipment.
- One of the nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw from this that actions had been completed such the practice now had wall mounted gloves and apron dispensers.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We viewed a sample of records from searches of patients that were prescribed a high risk medicine and saw that reviews and monitoring was in place for these patients. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however there was no system to monitor their use. The practice had not been tracking the prescriptions serial numbers.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We found that there was a cold chain policy in place and staff could explain the process that they would take should the temperature of the fridge be out of range. We saw evidence that the fridge temperatures were checked daily. However one of the fridges that stored vaccines had not been checked on eight occasions in the previous three months. We raised this with the practice manager who immediately raised this as a significant event and put actions in place to ensure this was completed each day in future. This would also then be discussed with all staff. We saw evidence of this on the day of the inspection.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. A risk assessment was in place where the practice had accepted a DBS from another employment. Not all files demonstrated that the staff had the required indemnity. However, the practice forwarded this after the inspection.

Monitoring risks to patients

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

- Risks to patients were assessed and well managed.
- There was a health and safety policy available and a risk assessment had been completed.
- The practice had an up to date fire risk assessment which was completed in June 2017. Regular fire drills and testing was completed by the management of the building. All staff had completed fire warden training, along with fire safety training.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the doctors room.
- The practice had access to a defibrillator which was available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The defibrillator was shared with another practice in the same building and there was a risk assessment documented in relation to this.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included arrangements for cover from local practices in the area should there be the need. For example, an outbreak of flu virus. Patients would be able to access services locally.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing effective services. QOF data showed that patient outcomes were mixed when compared to the national average. The practice had not ensured that health screening, immunisations and patient reviews were offered to as many patients as possible. There was no evidence of quality improvement and multidisciplinary working was not taking place although a meeting had been planned.

What we found at this inspection in September 2017

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF data for 2015/2016 showed the practice achieved 86% of the total number of points available. Their exception reporting was 6% which was below the local average of 7.1% and the national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review

meeting or certain medicines cannot be prescribed because of side effects). Unverified data for 2016/17 showed that the practice had achieved 90% of the total number of points available.

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

- Performance for diabetes related indicators was lower compared to the CCG and national averages, 68% compared with CCG average 82% and national average of 90%.
- Performance for stroke related indicators were lower compared to the CCG and national averages 81% compared with CCG average 94% and national average of 97%.
- Performance for mental health related indicators was lower compared to the CCG and national averages. 81% compared with 88% CCG average and 93% nationally.

Unverified data for these indicators showed continuous improvement in 2016/17:

- Performance for diabetes related indicators was 73%.
- Performance for stroke related indicators was 87%.
- Performance for mental health related indicators was 87%.

The practice had planned that one of the nursing team would visit housebound patients in the future to carry out any reviews or monitoring for patients with long term conditions.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last year, these were all single cycle audit with plans to complete a full cycle audit later in the year.
- Audits had shown quality improvement. For example, one audit related to females over 35 years of age that had a previous history of smoking and were being prescribed the combined contraceptive pill. These patients would be at greater risk of cardiovascular disease if they continued on that contraception method. Following this audit, three of these patients had opted for the implantable contraception at their review.

Are services effective?

(for example, treatment is effective)

- Another audit for patients with chronic obstructive pulmonary disease found that 57 out of 69 patients had received the pneumonia vaccine. Plans were in place to offer it to the remaining 12 patients when it came back into stock.

Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff, including locums. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- At the previous inspection, the practice did not have any permanent nursing staff. The practice had not employed practice nurses since our last inspection. They had four nurses who were all self employed locums. However, they were long term locums with one of the nurses having worked at the practice for over two years.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice manager had a matrix in place that identified staff training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources. Nurses attended meetings with colleagues in the local area to discuss any concerns and share best practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice attended time to learn events that were led by the CCG. These meetings were used for training sessions on different topics throughout the year.
- The practice manager had documented checks of registration with staff members professional bodies and indemnity was in place for those staff that required it.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

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

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

We viewed the pathology results and saw that these had all been actioned appropriately and in a timely manner.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were provided practical advice and signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was lower than the CCG average 87% and the national average of 81%.

Childhood immunisation rates for the vaccinations given were above or comparable with the standard 90%. For example;

- The practice achieved 87.5% for the percentage of children aged one year with full course of recommended vaccines.
- The practice had achieved 100% of all other appropriate vaccinations for children.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information on the internet. They ensured a female sample taker was available. The nurse explained that some patients were difficult to engage and that they made telephone calls were possible to explain the importance of screening and to try and alleviate any fears. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and were in line with national and CCG averages for these. For example, data from the National Cancer Intelligence Network (2015/16) showed the practice uptake for screening patients aged 60-69 years of age for bowel cancer within 6 months of their invitation was comparable to the local and national average achieving 53% as opposed to 59% locally or 55% nationally. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme.

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

Are services caring?

Our findings

What we found at our previous inspection in June 2016

The practice was rated as good for providing caring services. Data from the national patient survey showed patients rated the practice higher than other practices. The practice had identified 1.6% of their practice list as carers and signposted these patients to support organisations.

What we found at this inspection in September 2017

Kindness, dignity, respect and compassion

We found that staff members were welcoming and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew their patients and were sensitive to issues. When requested by a patient or if a patient appeared distressed they could offer them a private room to discuss their needs.
- The reception desk was situated away from patients in the waiting area.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were wholly positive about the service experienced. Comments said that there were never problems getting an appointment when they needed one and were happy with the service from the GP, reception staff and the nursing team.

We spoke with a member of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice. They spoke highly of the staff and how caring and attentive they were. Comment cards highlighted that staff were professional and responded compassionately when they needed help.

Results from the national GP patient survey, published in July 2017 showed patients reported high levels of satisfaction with the nursing team and confidence and trust in their GPs. For example:

- 87% of patients said the GP was good at listening to them this was the same as the local average of 86% but below the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the local average of 84% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the local average and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 83% and the national average of 86%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received told us they felt involved in decision making about the care and treatment they received. They also told us they felt supported by staff and said that staff listened to their needs and tried to accommodate requests.

Results from the national GP patient survey, July 2017, showed patients reported levels of satisfaction with the clinical team in line with CCG and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 79% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 86% and national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice also had a hearing loop installed at the practice.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system enabled the GPs to know if a patient was also a carer. The practice had identified 35 carers (1.7% of their patient list). The new patient checklist asked patients if they were a carer or if they had a carer. The practice had a sign on the notice board for carers to speak with the practice manager. The practice were able to signpost to the support that could be accessed locally. The practice would provide health checks and flu vaccinations to those patients that identified as carers.

Staff told us that if families had suffered bereavement, the GP contacted them to offer an appointment. Staff were also informed of the death and patient records updated.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in June 2016

The practice was rated as good for providing responsive services. Patients told us they were able to get an appointment with the GP and that urgent appointments were available the same day. The practice belonged to the local GP Alliance which offered patients appointments at weekends.

What we found at this inspection in September 2017

Responding to and meeting people's needs

The practice provided a range of access arrangements to meet the needs of its local population. For example;

- The practice was a member of the local GP Alliance which gave patients access to weekend appointments at an alternative location.
- There were longer appointments available for patients who needed them, such as those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were good facilities provided within the primary care centre including parking for disabled patients, lift access and accessible toilets. A hearing loop and translation services were also available.
- Baby changing facilities, as well as a private area for breast feeding, were available within the Primary Care Centre.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 10.30am every morning (11am on Thursdays), and between 4pm and 6pm every afternoon except Thursdays when only emergency appointments were available in the afternoon.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent

appointments were also available for people that needed them. The practice was also a member of the local GP Alliance which offered patients weekend appointments at an alternative location.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the local average and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the local average 62% national average of 71%.
- 73% of patients described the experience of making an appointment as good; this was the same as the local average and the national average of 73%.
- 74% of patients told us that the last appointment they got was convenient. This was lower than the local average of 85% and national average of 81%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had reviewed the GP survey and had reviewed and amended the nurse appointments to try and improve the response for the convenience of appointments. In addition to promoting the online appointments and the weekend option with the Alliance, The practice had a system to assess:

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster in reception and a leaflet available which told patients how to complain.

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

We looked at two complaints received in the last 12 months and found that they were handled satisfactorily and in line with the practice policy. There was a log sheet completed for all complaints which documented the outcome and lessons learned.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for being well led. The practice had a number of policies that were out of date, some had not been reviewed and some were incomplete. There was no system of auditing clinical performance or prescribing data to drive improvement in patient outcomes. There was incomplete evidence of actions taken and information shared with staff in relation to significant events.

What we found at this inspection in September 2017

Vision and strategy

The practice had a clear vision and ethos, which was described in their Statement of Purpose. Staff were clear about the vision and their responsibilities in relation to this. The mission statement was 'to take a holistic approach to your healthcare in a safe and caring environment' and was displayed within the practice.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the strategy and good quality care. Procedures and policies had been reviewed and updated since our previous inspection. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly where we saw from the minutes that topics included practice performance.
- Clinical meetings were held monthly and these were minuted. The nursing team were able to speak to the GP about any issues that they had and were also able to call on them during an appointment if necessary.

- Clinical and internal audit was used to monitor quality and to make improvements. However at the time of our inspection all the audits that had been completed were single cycle and had been planned to be reaudited in the future.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice manager had full oversight of risks and all staff within the practice were aware of the need for identifying and recording significant events to identify potential risks.
- We saw evidence from minutes of meetings that these allowed for lessons to be learned and shared following significant events and complaints.
- Risks associated with the premises, equipment, fire safety, lone working, recruitment and business continuity had all been assessed and actions had been taken.

Leadership and culture

On the day of inspection we found improvements had been made throughout the practice to deliver accessible and quality care. The practice had taken on board the outcome of the previous inspection. They told us they wished to use the inspections to learn and improve and that the outcome of this inspection would then focus them on any further areas to improve.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff were confident and felt supported in raising concerns with the practice manager. The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate.

There was a simple leadership structure and staff felt supported by management.

- The practice attended multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the manager 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 and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met once a year to discuss developments within the practice and had submitted some proposals for improvements. For example, the group suggested changes to the telephone system to improve patient access; this phone system has been updated. The recent meeting had discussed issues with the patient car park.

- Comments left on NHS choices, which were responded to by the practice.
- Staff through annual appraisals and generally through staff meetings and discussion. 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had worked alongside the CCG and other practices in the locality to employ a pharmacist to work one day per week in the practice. The pharmacist was able to perform medication reviews for patients. The pharmacist was also able to complete audits for the practice and advise regarding any medicines and patient safety alerts. More recently the pharmacist had been trained to give flu vaccinations.

The practice had increased the nursing team and now had a nurse prescriber that could see some patients instead of been seen by the GP. Plans for the future were to look to take on a GP partner and increase the patient list size.