Dr Manjit Singh

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Manjit Singh's Practice on 20 January 2016. Overall, the practice is rated as good.

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

- There was a system in place for reporting and recording significant events. Learning outcomes were seen to have been shared but records of these were not readily available to the wider practice team.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.
- Information about services and how to complain was available and easy to understand.
- Patient feedback on making an appointment was below local and national averages although they spoke positively about the continuity of care and availability of same day urgent appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Introduce a formal system to log, review, discuss and act on alerts received to minimise risk to the safety of patients and staff.
- Ensure appropriate pre-employment checks are carried out on staff employed and implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.

The areas where the provider should make improvement are:

- Review the process for sharing learning outcomes from significant event with the wider practice team.
- Revise the adult safeguarding policy to include updated definitions of abuse such as modern day slavery.
- Refer to nationally recognised guidelines for infection prevention control.
- Minimise the risk of legionella by carrying out the control measures as outlined in the risk assessment.
- Introduce a system to monitor and track the use of prescription pads and forms.
- Consider the inclusion of pulse oximeters as part of the equipment held to deal with a medical emergency.
- Introduce a systematic approach for the implementation of clinical guidelines.
- Implement a programme of audits to monitor performance and drive improvement.
- Consider how patient feedback on the nursing staff could be improved.
- Explore how the number of carers identified can be increased.
- Formalise communication for female patients advising on how a female GP could be provided if requested.
- Look at how to improve the patient feedback on access by telephone and availability of pre-bookable appointments.
- Consider the introduction of a written business plan for the practice.

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.

- There was a system in place for reporting and recording significant events. Lessons were shared verbally and documented. However, learning outcomes were not readily available to the wider practice team.
- There was a system to receive and disseminate medical and safety alerts. However this did not include any process to ensure action had been taken.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse. However the adult safeguarding policy did not include updated definitions of abuse such as modern day slavery.
- Infection prevention control was regularly audited but controls in place did not always take into account nationally recognised guidelines.
- Prescription forms and pads were securely stored but there was no tracking system in place to monitor their use.
- There were systems in place for the safe recruitment of staff. However these did not include a process to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Systems were in place to risk assess the emergency medicines that should be held at the practice and what actions should be taken to ensure that patients who experienced a medical emergency received appropriate care and treatment.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) for 2015/16 showed patient outcomes were below average compared to the national average in three areas. The practice evidenced that improvements had been made in 2016/17.
- QOF results for 2015/16 showed that the practice had achieved 93% of the total number of points available.

Summary of findings

- Although there was no structured approach to implementing clinical guidelines, we saw that staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits were performed but there was no programme of repeat audits to assess quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care although patient feedback on the nursing staff was mostly below average.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 0.5% of patients on the practice list as carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patient feedback on making an appointment and accessing the practice by telephone was below the local and national averages. However patients said that urgent appointments were provided on the same day.
- The practice offered extended opening hours between 6.30pm and 7pm each week day except Wednesdays.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There were disabled facilities and translation services available. These included a DVD on diabetic education translated into Hindi that was lent out to patients.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice worked with local community support workers that included health visitors and mental health workers.
- Informal arrangements were in place to provide a same gender GP for female patients if requested. However there was no formal communication to promote this.

Are services well-led?

Good

The practice is rated as good for being well led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had considered future planning informally but did not have a formal written business plan.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework but we found some gaps where improvements could further minimise risks to patients and staff.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.

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

Good

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a named accountable GP for patients aged over 75 years with urgent appointments available the same day.
- Patients had access to telephone appointments with the GP and home visits.
- Care plans were in place and agreed for those patients identified as being at high risk of admission / re-admission.
- The practice held regular meetings with the community healthcare team to coordinate the provision of care.

People with long term conditions

Good

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

- Patients at risk of hospital admission were identified as a priority.
- Performance rates for all of the diabetes related indicators were lower than the local and national averages. For example, 50% of patients with diabetes had been referred to a structured education programme compared with the CCG average of 89% and national average of 92%. The practice demonstrated that improvements had been made in 2016/17.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 100%; this was higher than the CCG and national averages, both 90%. The practice exception-reporting rate was 5.6%. This was lower than the CCG average of 12.6% and the national average of 11.5% meaning more patients had been included.
- Longer appointments and home visits were available when needed.
- All these 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 named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

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

- 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.
- The practice's uptake for the cervical screening programme was 81%, which was the same as the national average and higher than the CCG average of 79%. However, the practice had reported higher exceptions, 18.7%, when compared with the CCG average of 8.8% and national average, 6.5% meaning fewer patients had been included. The practice said that this was attributed to the ethnic mix of its patients (some refused the screening and others had the screening done in their country of origin).
- Appointments were available outside of school hours and the premises were suitable for children and babies. A walk-in service was offered to children throughout the day.
- The practice held a monthly clinical safeguarding meeting to which the health visitor and school nurses were invited to attend.
- The practice had an effective system in place to follow up children who failed to attend for their immunisations. Children who do not attend for appointments were followed-up as appropriate.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening hours between 6.30pm and 7pm each week day except Wednesdays as well as telephone consultations, which included this group of patients.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. The practice provided carer support, signposting, information packs and completed a carer's register.
- 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)

Good

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

- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100%. This was higher than the CCG average of 81% and national average 89%. The practice had not exception reported any patients. This was lower than the CCG average of 10.9% and the national average of 12.7% meaning more patients had been included.
- A total of 92% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, which was higher than the CCG average and the national average, both 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

- The practice held a GP led dedicated monthly mental health and dementia clinic. Patients who failed to attend were proactively followed up by a phone call from a GP.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing below local and national averages. A total of 360 survey forms were distributed and 95 were returned. This represented a 26% return rate.

- 78% of respondents described their overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 85%.
- 59% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% national average of 78%.
- 55% of respondents found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 74% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 85%.

As part of our inspection, we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 41 comment cards, which were mainly positive about the standard of care received. Patients told us staff were friendly and helpful, respectful and caring, and provided a professional service in a clean and tidy environment. Two out of the 41 comment cards mentioned difficulties when trying to make an appointment. We spoke with three patients during the inspection; one was a member of the patient participation group. These patients said they were satisfied with the care they received and thought staff were friendly, professional, caring, polite and gave them enough time during consultations.

Areas for improvement

Action the service MUST take to improve

Introduce a formal system to log, review, discuss and act on alerts received to minimise risk to the safety of patients and staff.

Ensure appropriate pre-employment checks are carried out on staff employed and implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.

Action the service SHOULD take to improve

Review the process for sharing learning outcomes from significant event with the wider practice team.

Revise the adult safeguarding policy to include updated definitions of abuse such as modern day slavery.

Refer to nationally recognised guidelines for infection prevention control.

Minimise the risk of legionella by carrying out the control measures as outlined in the risk assessment.

Introduce a system to monitor and track the use of prescription pads and forms.

Consider the inclusion of pulse oximeters as part of the equipment held to deal with a medical emergency.

Introduce a systematic approach for the implementation of clinical guidelines.

Implement a programme of audits to monitor performance and drive improvement.

Consider how patient feedback on the nursing staff could be improved.

Explore how the number of carers identified can be increased.

Formalise communication for female patients advising on how a female GP could be provided if requested.

Look at how to improve the patient feedback on access by telephone and availability of pre-bookable appointments.

Summary of findings

Consider the introduction of a written business plan for the practice.

Dr Manjit Singh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and an expert by experience.

Background to Dr Manjit Singh

Dr Manjit Singh is registered with the Care Quality Commission (CQC) as a single-handed provider in West Bromwich, Birmingham. The practice has a list size of approximately 3,000 patients. The age demographic for the patients registered shows a lower percentage of older people than the national average for example, 11.9% patients are over 65 years old (17.8% nationally) and 1.2% patients are over 85 years (2.3% nationally). There is a lower percentage of patients diagnosed with long term conditions (45% compared to the national average of 54%). The area around the practice has high levels of unemployment and is one of the most deprived areas nationally which could mean an increased demand for GP services. The practice does not provide GP services to any patients who live in residential care homes. The patients are mainly from ethnic minorities, only 40% of patients are White British. The main ethnicities are south Asian and East European.

The practice is open between 8am and 7pm Monday to Friday with the exception of Wednesdays when the practice closes at 6.30pm. The telephones are open on from 8am until 6.30pm. The practice remains open throughout the day. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to Primecare, the out of hours service when the practice is closed. Patients can book appointments in advance by telephone, in person and through the practice on-line appointment system.

The practice staff work a variety of full and part time hours, staffing comprises of:

- One full time male GP.
- One salaried GP (male, providing nine clinical sessions per week).
- Two practice nurses (0.3 whole time equivalent).
- One Practice Manager.
- Four receptionists (2.8 whole time equivalent).

The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they offer extended hours and identify patients who are at high risk of avoidable unplanned admissions. The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and referred patients to external services to provide smoking cessation advice and support.

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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 20 January 2017. During our inspection we:

- Spoke with a range of staff including GPs, nursing and administrative staff, spoke with a member of the patient participation group (PPG) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 Care Quality Commission at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events and shared learning outcomes were discussed at clinical and practice meetings. Staff we spoke with were aware of their individual responsibility to raise concerns appropriately. On receipt of a significant event, the practice team would report to the lead GP who then investigated the occurrence and shared learning with practice staff through practice meetings (full practice meetings held every three months). Near misses were recorded on the Datix system (a national database used to share learning); there was an incident book to record minor issues (but no entries in the last 12 months). There has been two entries on the Datix system in the last 12 months. Entries were then discussed with staff and were a standing agenda item at practice and clinical meetings. Written minutes of these meetings were kept on the GP's computer but were not readily available to the wider practice team.

- We saw that when significant events were raised the occurrence was investigated and measures were put in place to minimise the opportunity of less positive events reoccurring. The significant event recording forms used at the practice supported the recording of 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).
- In 2016, two events were judged to be significant and the practice had carried out a thorough analysis.

The practice had processes in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice had reacted to alerts but there was no clear system in place to record the actions they had taken in response. We reviewed a recent patient alert from 5th January, 2017 and although we were assured that this had been acted on (staff told us that a copy had been circulated), no hard copy for reference could be found. The policy stated that copies would be kept on the notice board before being placed in a dedicated archive file in reception.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. These arrangements 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. However, the adult safeguarding policy did not include updated definitions such as modern day slavery. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings or provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role (GPs and nurses were trained to child safeguarding level three). Quarterly meetings were held between the practice and multidisciplinary teams including health visitors to discuss those in their community thought to be vulnerable and those identified as having safeguarding needs.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role. All staff 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. The GP was the infection prevention control (IPC) lead. There was an infection control protocol in place and staff had received in house training. Annual infection control audits were undertaken and completed by the GP. We saw evidence that action was taken to address any improvements identified as a result. For example, cleaning schedules were implemented and seen to have been completed. However, there was no effective procedure for the Control of Substances Hazardous to Health (COSHH). Substances were locked away but no data safety sheets were kept (data safety sheets are provided by the manufacturer to instruct on what to do should the substance come into contact with the skin). The practice contacted us within two days of the inspection to confirm that COSSH actions had been completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines.

- The practice carried out regular medicine audits, with the support of a pharmacist from the Clinical Commissioning Group (CCG), to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, we saw that the practice had reviewed their antibiotic prescribing in the treatment of urinary tract infections.
- Blank prescription forms and pads were securely stored but systems were not in place to monitor their use to meet with NHS protect guidance.
- We reviewed three personnel files and found most recruitment checks had been undertaken prior to employment. For example, proof of identification, immunisation status and the appropriate DBS checks. There was a system in place for monitoring and checking the professional registration of GPs and nurses. However, there were no written references for two recently appointed members of staff and no process to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments, carried out regular fire drills (every six months) and documented a review of the drill.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. There had been no hard wire electrical test carried out in the last five years but the practice arranged for this to take place following the inspection.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Regular infection control audits were carried out and clinical staff were immunised against appropriate vaccine preventable illnesses.
- The practice had a written risk assessment for Legionella and ongoing reviews were seen to have been planned but had not been carried out to minimise the risk of legionella by carrying out the control measures as outlined in the risk assessment. (Legionella is a bacterium, which can contaminate water systems in buildings). The practice told us that they ran the checks but did not measure the temperature or record the checks. Samples were not sent for testing every six months as per the risk assessment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was a panic button and/or 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.
- The practice had an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks but no pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held in the practice and all the staff we spoke with knew of their location. We saw that all these medicines were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to refer to.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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.
- However there was no formal process that monitored that these guidelines were followed through risk assessments, audits and computer searches of patient records. However, sample checks made during the inspection evidenced that NICE guidelines were being followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The results published in October 2016 for 2015/16 showed that the practice had achieved 93% of the total number of points available, similar their 2014/15 results of 94% but the overall exception reporting rate had reduced from 8% to 6% meaning more patients had been included.

QOF data from 2015/16 showed:

- Performance rates for all of the diabetes related indicators were below local and national averages. For example, 75% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the clinical commissioning group (CCG) and national averages, both 78%. We spoke with a specialist diabetes nurse as part of the inspection. The nurse told us that there was a higher than average number of patients diagnosed with diabetes (the percentage of patients diagnosed with diabetes was 12.8% compared to the CCG average of 9.2% and national average of 6.2%). A total of 90% of patients with diabetes were on a structured education programme that had been translated into Punjabi.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 72%, which was lower than the CCG average of 75% and the national average of 76%. Clinical exception reporting however was lower at 1.1%, compared with the CCG average of 4.9% and national average of 7.9% meaning more patients had been included.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 100%; this was higher than the CCG average of 89%, and national average of 90%. The practice exception reporting rate was 5.6%. This was lower than the CCG average of 12.6% and the national average of 11.5% meaning more patients had been included.
- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100%. This was higher than the CCG average of 81% and national average 89%. The practice exception reporting rate was 0%. This was lower than the CCG average of 14.7% and the national average of 12.7% meaning more patients had been included.
- Data from 2015/16 showed that cancer exception rates were high for patient reviewed within 6 months of diagnosis (62.5% compared to national average of 25%). We looked at data for 2016/17 and saw that improvements had been made. Out of 11 patients diagnosed with cancer, 10 had been reviewed within six months of diagnosis.

There was evidence of quality improvement including clinical audit but this was not being used effectively to drive improvements. The practice showed us four clinical audits that had been completed in the last 12 months. There was no completed or planned repeat cycle where the improvements made were implemented and monitored. The audits included a review of the long term prescribing of an antibiotic used to treat urinary tract infections in light of recommendations of renal, liver and pulmonary function.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff and a GP locum pack. These covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and patient confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff had completed courses for the management of long-term conditions such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings and support for revalidating GPs. 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, in-house training and to external training courses.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Special notes were used to communicate to the out of hours service, for example, palliative care patients.
- We saw minutes, which demonstrated that the practice had established regular clinical meetings with multi-disciplinary teams, which included for example, community midwife, the palliative care team and health visiting service to share information relating to children with identified safeguarding concerns.
- The practice shared information with the out of hours service for patients nearing the end of their life and if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- Care plans were in place and agreed for those patients identified as being at high risk of admission / re-admission. Patients at risk of hospital admission were identified as a priority.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- There was a policy in place to provide guidance to staff in obtaining consent. We saw that consent forms for minor surgery had been completed which included the benefits and risks of the proposed procedure.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice signposted patients to appropriate services.

The practice's uptake for the cervical screening programme was 81%, which was similar to the CCG average of 80% and national average of 81%. However, the practice had reported higher exceptions, 18.7%, when compared with the CCG average of 8.8% and national average, 6.5% meaning fewer patients had been included. The practice was aware of these results and explained that the higher than average exception reporting was due to the religious beliefs of some of its patients and some ethnic minority patients who returned to their county of birth for medical

Good

Are services effective?

(for example, treatment is effective)

treatment. The practice was proactive in encouraging patients to attend for screening. There was an effective system in place for recording, monitoring and chasing up of cervical screening results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from NHS England for the period 1 April 2015 – 31 March 2016 showed above average childhood immunisation rates for the vaccinations given. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds scored 9.8 out of 10 points compared to the national average score of 9.1 points.
- Five year olds who had completed their first measles, mumps and rubella (MMR) immunisation was 95% when compared to the CCG and national averages, both 94%.
- Five year old who had a second MMR immunisation was 92% when compared to the CCG average of 86% and national average of, 88%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were compassionate and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations meaning conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a notice in the reception area informing patients of this facility. The reception area was away from the waiting area.

We spoke with a member of the patient participation group (PPG). They told us they felt very valued by the practice who listened and acted on to their concerns and suggestions. All the patients we spoke with said they found this GP service to be excellent and were more than satisfied with the care they received. They reported staff were friendly, professional, caring, polite and gave them enough time during consultations.

We received 41 Care Quality Commission comment cards, which were also positive about the standard of care received. A total of 39 comment cards from patients were positive and told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect. Two of the comment cards were mixed and complimented the practice for the care received but said that appointments could be difficult to get at times.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion; dignity and respect by the GPs. Results were higher than the local and national averages for its satisfaction scores on consultations. For example:

- 90% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and national average of 89%.
- 91% of respondents said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 97% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 91% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.

The nursing staff were lower than national averages:

- 80% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- 95% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 96% and national average of 97%.

The reception staff results were similar to the CCG and national averages:

- 83% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We looked at a number of patient care plans and saw that these were personalised.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were for the GPs and nursing staff were the same or higher than national averages. For example:

- 90% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of, 86%.
- 91% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Good

Are services caring?

- 85% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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. Most staff, including the GPs and nurses spoke Punjabi and Urdu.
- Information leaflets could be made available in an easy read format for patients and in different languages and the self-check-in screen gave option of 10 different languages.
- From the practice register for 2016, the practice supported 10 patients with learning disabilities; all had received a health check.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were invited for annual health checks and flu immunisation.

Staff told us that if families had suffered bereavement, a sympathy card was sent from the practice to the immediate family. If a patient, their usual GP contacted family members to support, and when appropriate, signposted them to the local bereavement service. Information on support with bereavement was available on the practice website. Staff told us that they were informally told and were mindful of the end of life and bereavement situations.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours between 6.30pm and 7pm on a Monday, Tuesday, Thursday and Friday.
- A walk-in-service was provided for young children.
- There were longer appointments available for patients with a learning disability and patients with several long-term conditions.
- Home visits were available for patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that require same day consultation.
- Access to telephone appointments with the GP and nurses.
- Translation services were available. In addition, the practice purchased DVDs on diabetic education translated into Hindi that were lent out to patients.
- The practice had recently employed a diabetic nurse specialist who attended the practice every six to seven weeks. Both practice nurses had completed a specific educational diabetes course.
- There were disabled facilities and a hearing loop.
- The practice had baby changing facilities and staff told us that a private room would be made available should a patient wish to breastfeed their child.
- The practice had a blood pressure (BP) monitoring system in place and offered 24 hour BP monitoring where indicated.
- The practice had phlebotomy (blood taking) an electrocardiogram (ECG) a simple test used to check the heart's rhythm and electrical activity and spirometry services available at the practice.
- A counsellor provided weekly sessions for patients.
- Patients were referred to a local drug and alcohol service.
- The practice told us that they had informal arrangements in place to provide a same gender GP for female patients if requested. However this was not clearly communicated or known by all staff.

Access to the service

The practice was open between 8am and 7pm Monday to Friday with the exception of a Wednesday when the practice closed at 6.30pm. The telephones were open from 8am until 6.30pm and the practice remained open throughout the day. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to Primecare the out of hours service when the practice was closed. Patients could book appointments in advance by telephone, in person and through the practice on-line appointment system.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment were similar to local averages but below national averages. For example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 68% of respondents described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.

However, the practice feedback form the GP patient survey, from comments made on NHS Choices website and from two of the 41 comment card we collected prior to the inspection highlighted that some patients had experienced difficulties when contacting the practice by telephone:

- 55% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

The practice was aware of the problem but had not decided on or trialled any potential solutions to make improvements.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at the one complaint received in the practice and found it was satisfactorily handled, dealt with in a timely way with openness and transparency.

Are services well-led?

Good

(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 provide quality primary medical care services to the local population, temporary residents that require care and any other patients who wished to register with the practice. The practice aimed to provide a personal service for patients whenever they need GP service support. Staff we spoke with on the day of our inspection knew and understood these values. The practice did not have a written business, but the management team verbally outlined their forthcoming plans. These included for example:

- The practice was looking to federate with other local practices to provider greater access through extended opening hours.
- Awareness and measures considered in respect of future succession planning.

Governance arrangements

The practice had a governance framework, which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.

There were some area identified which required ongoing development:

- Significant event outcomes were documented but not readily available to the wider practice team.
- The system for dealing with alerts was not always aligned with the policy for managing alerts. Alerts were seen to have been received and disseminated. However there was a lack of evidence to show that they had been acted on.
- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.

Leadership and culture

The GP and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff.

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. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff spoke positively about the support provided by the management.

- Staff told us the practice held a variety of regular meetings.
- 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.
- All staff said they felt respected, valued and supported by the GP and practice manager, and felt that teamwork was a positive feature of working at the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The patient participation group (PPG) consisted of approximately five patients and met formally with the practice. The last meeting was held in June 2016 and we saw that an agenda and minutes were produced.
- We spoke with one member of the patient group and reviewed the minutes and saw that the practice had introduced evening extended hours appointments following suggestions from the patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good

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

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.

The practice had discussed emergency and non-emergency appointments with the patient group. The member of the patient group complimented the practice on the educational approach. However we this information had not been communicated to the wider patient group.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • Systems to mitigate risks to patients from clinical and safety alerts were not fully effective. • Not all recruitment checks had been carried out on staff employed. **This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**