

# Dr Nagala Ramesh

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nagala Ramesh on 14 July 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. The concerns which led to these ratings applied to all population groups. We therefore found that the practice required improvement for providing services for older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), as well as people whose circumstances may make them vulnerable and people experiencing poor mental health (including dementia). We found the practice was good for providing effective, caring and responsive services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near

misses. Information about safety was reported, recorded, and addressed, although analysis of incidents and events was not undertaken to identify any trends or re-occurring issues.

- Data showed that many patient outcomes were above average for the locality and there was evidence that the Quality and Outcomes Framework (QOF) was used by the practice to monitor performance and drive improvement.
- The practice undertook clinical audits to improve outcomes for patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- The practice had a number of policies and procedures to govern activity, although there were some that required updating.
- The practice had not always undertaken audits to monitor the quality and safety of the services, including infection control, training, and audits of recruitment checks for the staff employed and working in the practice.
- A risk management process had not been fully developed and implemented to assess and record all risks, including those relating to equipment and the premises.
- Ensure the practice has a system that reflects the hygiene code in relation to the prevention, control and spread of infection.
- Ensure that the recruitment procedures for the practice include the required employment checks for all staff, including locum GPs.
- Ensure the governance arrangements for the practice include a system of audits and safety checks to monitor and manage the quality and safety of the services provided, including the management of identified risks.

In addition the provider should:

- Review the arrangements for undertaking staff appraisals.

There were areas of practice where the provider needs to make improvements. Importantly, the provider must:

- Ensure the system used in relation to safety alerts received by the practice clearly identifies how issues are followed-up and the actions taken by staff.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Incidents were investigated and the lessons learned were shared to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not fully implemented to help ensure patients were kept safe. For example, there were concerns in relation to the recruitment checks undertaken prior to the employment of staff.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed that many patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Although not all staff had received training appropriate to their roles, further training had been identified and planned. Staff worked with multi-disciplinary teams and other care professionals to support patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) and other practices. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



# Summary of findings

## Are services well-led?

The practice is rated as requires improvement for being well-led. It had set out the aims and objectives of the practice and staff were aware of their responsibilities in relation to these. Staff felt supported and knew who to approach with issues. The practice held meetings and sought feedback from staff and had mechanisms to receive comments and feedback from patients. However, the practice governance arrangements did not include regular auditing to monitor the quality and safety of the services and did not include a fully developed risk management process. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. Staff had not received performance reviews in the last year.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people because the concerns that we found regarding providing safe and well-led services applied to all the population groups. Nationally reported data showed that outcomes were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of older people in its patient population. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions because the concerns that we found regarding providing safe and well-led services applied to all the population groups. Staff provided chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and there were annual reviews to check that their health and medication needs were being met.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people because the concerns that we found regarding providing safe and well-led services applied to all the population groups. There were systems to identify and follow-up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice worked and liaised with midwives and health visitors.

Requires improvement



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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students) because the concerns that we found regarding providing safe and well-led services applied to all the population groups. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable because the concerns that we found regarding providing safe and well-led services applied to all the population groups. The practice held a register of patients living in vulnerable circumstances including those with a learning disability, who had received annual health checks. The practice also offered longer appointments and home visits for people with a learning disability.

The practice worked with multi-disciplinary teams in the case management of vulnerable people and there was information 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.

Requires improvement



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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) because the concerns that we found regarding providing safe and well-led services applied to all the population groups. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. There were care plans in place for these patients.

The practice provided information for patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results from 2015 showed the practice was performing in line or above local and national averages. There were 113 responses which represents 3.3% of the practice population. The results showed;

- 97% of patients said they could get through easily to the surgery by phone compared to the local clinical commissioning group (CCG) average of 67% and the national average of 74%
- 97% of respondents said they found the receptionists helpful, compared to the CCG average of 85% and the national average of 89%
- 70% of respondents said they usually get to see or speak to their preferred GP, compared to the CCG average of 59% and the national average of 61%

- 100% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 91%
- 83% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60% and the national average of 65%
- 95% of patients described their experience of making an appointment as good compared to the CCG average of 67% and the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards, all of which were positive about the standard of care received. They expressed satisfaction about the staff and being treated with care and consideration.

## Areas for improvement

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

- Ensure the system used in relation to safety alerts received by the practice clearly identifies how issues are followed-up and the actions taken by staff.
- Ensure the practice has a system that reflects the hygiene code in relation to the prevention, control and spread of infection.
- Ensure that the recruitment procedures for the practice include the required employment checks for all staff, including locum GPs.

- Ensure the governance arrangements for the practice include a system of audits and safety checks to monitor and manage the quality and safety of the services provided, including the management of identified risks.

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

- Review the arrangements for undertaking staff appraisals.

# Dr Nagala Ramesh

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, and a practice manager specialist advisor.

## Background to Dr Nagala Ramesh

Dr Nagala Ramesh provides medical care from 9am to 11.30am and from 4.30pm to 6.30pm each week day and patients are able to contact the practice from 8.30am and throughout the day by telephone. The practice also operates extended hours until 7pm on four week-day evenings. The practice is situated in the town of Gillingham in Kent and provides a service to approximately 3,200 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GP and nursing team. The practice has more patients registered over the age of 65 than the national average, although it is line with the local average. There are fewer patients registered up to the age of 18 than both the local and national averages. The number of patients recognised as suffering deprivation for this practice, including income deprivation, is higher than both the local and national averages.

The practice has one single-handed male GP, who employs three part-time female practice nurses. There are four administration staff, and a practice manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider

(111/medOCC) to deliver services to patients when the practice is closed. The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

Dr Nagala Ramesh

7 Railway Street

Gillingham

Kent. ME7 1XG.

## Why we carried out this inspection

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

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

This provider had not received a comprehensive inspection before and that was why we included them.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit

# Detailed findings

on 14 July 2015. During our visit we spoke with a range of staff including the GP, one practice nurse, two members of the administration staff team and the practice manager. We spoke with patients who used the services at the practice and we reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents.

We reviewed safety records and incident reports for the last two years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term. For example, an incident concerning the recording of incorrect patient details had been investigated and actions taken to help avoid a similar incident happening again.

### Learning and improvement from safety incidents

The practice had a system for reporting, recording and monitoring significant events. Records showed that the practice had learned from these and the findings were shared with relevant staff. All staff, including reception and administrative staff, knew how to raise issues and told us they would report incidents to the practice manager, who was responsible for managing all significant events. We saw the system used to monitor these. We tracked two significant events and saw that records were completed in a comprehensive and timely manner and that actions were taken as a result. For example, the purchase of an additional refrigerator to store vaccines following an incident where the existing refrigerator was found to be over-stocked. Significant events were shared amongst all relevant staff as they arose and discussions, including any follow-up actions, were recorded.

National patient safety alerts were disseminated and monitored by the practice manager. There was a system to help ensure that all safety alerts were seen and actions taken by relevant staff, although the records did not always clearly identify the actions taken and by whom.

### Reliable safety systems and processes including safeguarding

The practice had arrangements for safeguarding vulnerable adults and children who used the services. There was a policy for safeguarding children, although this was dated 2011 and contained out-of-date information and did not

reflect the local arrangements within the practice. For example, details of the designated safeguarding lead. The practice did not have an up-to-date safeguarding policy for vulnerable adults. However, up-to-date information in relation to referring safeguarding concerns to external authorities was available for staff guidance and displayed in staff areas. The staff we spoke with were knowledgeable in how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies.

There was a designated lead member of staff for safeguarding, who had received the necessary training to fulfil their role in managing safeguarding issues and concerns within the practice. The training records demonstrated that clinical staff had undertaken children and vulnerable adults safeguarding training to the required levels, although administration staff had not undertaken training for either children or vulnerable adults safeguarding.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so that staff were aware of any relevant issues when patients attended appointments, for example, children subject to child protection plans. Staff liaised with relevant agencies, including the community child protection team and social services to share information in relation to concerns that were identified within the practice.

The practice had a chaperone policy. A chaperone is a person who accompanies a patient when they have an examination and we saw that the practice policy set out the arrangements for those patients who wished to have a chaperone. Patients were made aware that they could request a chaperone, and details were displayed within the practice, explaining that practice nurses undertook chaperone duties by request.

### Medicines management

The practice had systems to manage medicines safely. Medicines were stored securely and were only accessible to authorised staff. There were arrangements for ensuring that medicines were kept at the required temperatures, and staff described the action they would take in the event of a potential failure. Daily records of temperature checks were kept for refrigerators used to store medicines, although

## Are services safe?

records showed that a potential failure in the temperature control of the vaccine refrigerator had occurred. Following investigation by the practice manager, it was confirmed that the refrigerator temperatures had not been correctly recorded during the absence of the practice nurse. Appropriate actions had been taken following this incident, including the removal of any vaccines that may have been affected and advice taken from the pharmacy in response to the findings. A significant event report had also been completed.

There were processes to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

The nurse used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. PGDs had been signed by the practice GP, although some of these were out-of-date. Following our inspection, we received evidence that this had been addressed and all PGDs had been updated. The nurses had received appropriate training and been assessed as competent to administer the medicines referred to under PGDs.

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

The practice had liaised and met regularly with the area medicines management team in relation to medicines. The team supported the practice in reviewing prescribing protocols, to help ensure best practice guidelines were followed, and initiating audits in the prescribing of certain medicines.

### Cleanliness and infection control

The practice was clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The practice had an infection control policy, which included a range of procedures and protocols for staff to follow, including hand hygiene and the management of sharps / needle stick injuries. The practice had a designated member of staff who had lead responsibility for infection prevention and control and who had received updated infection control training, although the infection control

policy had not been updated to reflect their details. Infection control audits had not been undertaken, although the practice had developed a checklist that it planned to implement.

Staff were knowledgeable about their roles and responsibilities in relation to cleanliness and infection control and used the personal protective equipment that was available, including disposable gloves, aprons and coverings. However, not all staff had undertaken updated infection control training, including the GP and one of the practice nurses. The practice did not have appropriate arrangements for the storage of laboratory specimens, as a urine sample was found in one of the refrigerators that was used to store vaccines.

The practice had cleaning schedules and there were notices about hand hygiene techniques displayed for staff guidance. Sufficient supplies of hand soap, hand gel and paper towel dispensers were available in treatment rooms.

The practice had not considered the risks associated with Legionella (a germ found in the environment which can contaminate water systems in buildings) and had not undertaken a risk assessment to determine any required actions to reduce the level of risk.

### Equipment

Staff told us that equipment used in the practice was routinely checked and said they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Records showed that medical equipment was maintained and had been checked, although the portable electrical equipment had not been tested since the last electrical check that was undertaken in 2012.

### Staffing and recruitment

Records showed that the practice had not always undertaken recruitment checks when employing staff. For example, of the five staff files examined, photographic identification had not been documented to confirm that identity checks had been undertaken for three of the staff. Other checks had been carried out, including criminal record checks through the Disclosure and Barring Service (DBS) and professional registration checks for the nursing staff.

Employment checks for locum GPs had not been recorded and documentary evidence was not held by the practice to

## Are services safe?

confirm that sufficient employment checks had been undertaken, including DBS checks, professional registration checks with the General Medical Council (GMC), identity checks, and confirmation of training, qualifications and indemnity insurance. The practice did not have a system to monitor and check that professional registrations were kept up-to-date by staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system to help ensure that enough staff were on duty and arrangements for members of staff to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff to keep patients safe. Patients we spoke with told us they felt there were enough staff in the practice to support their care and treatment needs.

### **Monitoring safety and responding to risk**

The practice had a health and safety policy, including procedures and information for staff guidance. Induction plans for new staff included health and safety information. Safety checks had been undertaken, including a gas safety test, although an action plan had not been developed to identify how the required follow-up actions would be addressed. There was a system governing security of the practice. For example, visitors were required to sign in and out using the dedicated book in reception.

Staff we spoke with told us they used systems to identify and respond to changing risks to patients, including deteriorating health and well-being. Emergency referrals were made for patients who had experienced a sudden deterioration or urgent health problem. For example, patients experiencing mental health problems were

referred urgently to the community mental health crisis team. The practice had a process for following up patients who had attended hospital or discharged from hospital following an unplanned admission.

The practice had carried out a fire risk assessment, which identified the follow-up actions required to improve fire safety. Some of these actions had been addressed, including the implementation of fire safety checks of the premises, maintenance of the fire safety equipment and fire safety training for staff had been organised. However, the practice had not implemented an action plan to clearly identify how the remaining issues would be addressed.

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

The practice had arrangements to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to medical oxygen and staff we spoke with knew the location of this equipment. Records were kept to confirm that it was regularly checked. The practice did not have an automated external defibrillator (used in cardiac emergencies) and had completed a risk assessment to consider the risks and the actions to take to mitigate any risks.

Emergency medicines were available in a secure area of the practice and staff knew where they were kept. There were processes to check whether emergency medicines were within their expiry date and suitable for use, and all the medicines we checked were in date and fit for use.

The practice had an emergency and business continuity / recovery plan that included arrangements relating to how patients would continue to be supported during periods of unexpected and / or prolonged disruption to services. For example, interruption to utilities and loss of the computerised records system.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice staff followed current best practice guidance and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. They used guidance and diagnostic tools available on the computer to access the most up-to-date documents.

The practice engaged with the clinical commissioning group (CCG) and the GP met with other practices in the local area on a regular basis. Assessments of patients' needs were in line with NICE guidelines, and these were reviewed when appropriate. For example, patients with diabetes received regular health checks and on-going assessment of their needs. Feedback from patients confirmed they were referred to other services or hospital when required.

### Management, monitoring and improving outcomes for people

The practice kept registers to identify patients with specific conditions / diagnosis, for example, patients with long-term conditions including asthma, heart disease, and diabetes. Registers were kept under review and information was shared and discussed amongst staff regarding the health care needs of specific patients. The practice had a system to assess and monitor any additional risk factors that were identified on the patient records system. For example, additional monitoring, support and access to urgent appointments for patients at risk of unplanned attendance and admissions into hospital.

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF to monitor performance and improve outcomes for patients. For example, there was a system to recall patients with long-term / complex conditions for follow-up checks of their health care needs and to review their medicines.

Information available from the 2013/2014 QOF data indicated that the practice had achieved an overall QOF result of 88% of the total points available. Results for 2014/

2015 showed that the practice had achieved 94% of the total points available. Data showed that the majority of performance indicators for diabetes were either in line or above the national averages. For example;

- 83% of patients with diabetes had received blood pressure checks that were within a safe range, compared to 78% nationally.
- 96% of patients with diabetes had received a foot examination in the last 12 months, compared to the national average of 88%.

Data also showed that performance for mental health assessment and care was either in line or higher than the national averages. For example;

- 100% of patients experiencing mental health problems had a comprehensive care plan recorded in the last 12 months, compared to the national average of 86%.
- 95% of patients had their alcohol consumption recorded, compared to 88% nationally.
- 96% of patients had their smoking status recorded, compared to the national average of 95%.

The practice had a system for completing clinical audits and all relevant staff were involved to help improve quality outcomes for patients. We looked at two audits undertaken in the last year. These included an audit to check that treatment and care was being managed effectively for patients with atrial fibrillation. There was evidence that information had been gathered from the patient records and the results had been reviewed and analysed to check that appropriate treatment therapies were used in the prevention of strokes for these patients. An audit review had been undertaken to check that improved patient outcomes were maintained. The practice also participated in applicable local audits and findings were used to improve services. For example, recent action had been taken as a result of an audit to review the medicine regimes of patients who were prescribed multiple medicines.

There was a protocol for repeat prescribing which was in line with national guidance. Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP and the computer system provided an alert for those patients who required a medicines review.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included safeguarding, fire procedures and basic life support, although administration staff had not received safeguarding training and not all clinical staff had updated their infection control training.
- Staff had access to further training, including e-learning training modules and in-house training.
- The GP was up to date with their annual continuing professional development requirements, including annual appraisals and had undergone the revalidation process. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

The practice had a process for undertaking staff appraisals, although these had not been completed in the last year. The staff we spoke with felt that informal discussions and meetings enabled them to identify training and learning objectives that were relevant to their roles.

### **Working with other services and information sharing**

The practice worked with other health care professionals and partner agencies, including district nurses and social services. Meetings were held with the palliative care services team on a quarterly basis, who provided specialist support for patients with palliative care needs. Care plans were in place for patients with long-term conditions and complex needs and were shared with other health and social care workers as appropriate, including the long-term conditions community nursing team.

The practice worked and liaised with the local midwifery team, referring expectant mothers for ante-natal care. Support for new mothers and babies, including post-natal and new baby checks were provided at the practice by the GP. The practice also liaised and referred patients to the local 'care navigator' service, who provided information and directed patients to relevant support agencies and services.

The practice had systems to provide staff with the information they needed. An electronic patient record system was used by all staff to co-ordinate, document and manage patients' care and treatment. This included the receiving of blood test results, x-ray results, and letters from the local hospital (including discharge summaries), out-of-hours GP services and the 111 service both electronically and by post. The practice had procedures for staff to follow in relation to passing information on, as well as reading and acting on any issues arising from communications with other care providers on the day that they were received. The GP who saw these documents and results was responsible for the action required and the staff we spoke with felt the system worked well.

### **Consent to care and treatment**

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how consent should be recorded. Mental capacity assessments were carried out by the GP and recorded on individual patient records.

Although formal training in the Mental Capacity Act 2005 had not been undertaken, staff were able to demonstrate their understanding of the relevant consent and decision-making requirements of the legislation. The patient records indicated whether a carer or advocate was available to attend appointments with patients who required additional support.

### **Health promotion and prevention**

The practice offered and promoted a range of health monitoring checks for patients to attend on a regular basis. For example, general health checks including weight and blood pressure monitoring. The GP and nursing staff conducted various clinics for long-term conditions and they promoted the benefits of healthy lifestyle choices to patients with long-term conditions such as diabetes, asthma and coronary heart disease. All new patients who registered with the practice were offered a consultation to assess their health care needs and to identify any concerns or risk factors that were followed-up by the GP to help ensure on-going health care needs were appropriately managed.

The practice had a system for informing patients when they needed to come back to the practice for further care or

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

treatment or to check why they had missed an appointment. For example, the computer system was set up to alert staff when patients needed to be called in for routine health checks or screening programmes. Patients we spoke with told us they were contacted by the practice to attend routine checks and follow-up appointments.

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation, who were then signposted to the relevant service. For example, the practice had referred patients who smoked to a local support group and data showed there had been a 46% success rate for patients who had stopped smoking in the last year. Health care screening programmes were also offered at the practice, including sexual health screening such as chlamydia testing.

Vaccination clinics were promoted and held at the practice, including a full range of immunisations for children. The available data showed that the majority of childhood immunisation indicators were comparable to the local and national averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 87% to 100%. Annual influenza vaccinations were also held at the practice and available data showed that immunisation rates for older patients, was comparable with the national average at 52%.

There was a range of information leaflets and posters in the waiting area for patients, promoting healthy lifestyles, for example, smoking cessation, and weight management. Information about other health care services was also displayed to help patients access the services they needed, for example, dementia awareness and cancer support groups.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We spoke with three patients on the day of our inspection, who told us they were satisfied with the care provided and that the practice was caring and understanding of their needs. They also told us the staff were helpful, and treated them with dignity and respect. We observed throughout the inspection that reception staff were welcoming to patients, were respectful in their manner and showed a willingness to help and support them with their requests. Patients were offered a separate room to discuss sensitive issues or if they appeared distressed and wished to speak to staff privately.

Patients had completed comment cards prior to our inspection, to tell us what they thought about the practice. We received six completed cards, all of which contained positive comments and indicated that patients felt the practice offered an excellent service, staff were efficient, helpful and caring and they were treated with dignity and respect.

All consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consultation and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and conversations could not be overheard.

Data from the 2015 national GP patient survey showed from 113 responses that performance in some areas was slightly below the local and national averages. For example:

- 76% said the GP was good at listening to them, compared to the local clinical commissioning group (CCG) average of 82% and national average of 89%
- 80% said the GP gave them enough time, compared to the CCG average of 81% and national average of 87%
- 90% said they had confidence and trust in the last GP they saw, compared to the CCG average of 92% and national average of 95%.

In other areas, respondents rated the practice higher than the local and national averages, for example:

- 99% said they had trust and confidence in the last nurse they saw or spoke to, compared to the CCG and national averages of 97%.
- 70% of respondents said they usually get to see or speak to their preferred GP, compared to the CCG average of 59% and the national average of 61%.
- 97% of respondents said they found the receptionists helpful, compared to the CCG average of 85% and the national average of 89%.

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

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

Data from the 2014 national GP patient survey showed that patients generally rated the practice well when responding to questions about their involvement in planning and making decisions about their care and treatment. The results were in line or just below the local and national averages, for example:

- 84% said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 85% and national average of 84%.
- 89% said the last nurse they saw was good at explaining tests and treatments, compared to the CCG and national averages of 89%.
- 72% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 74% and national average of 81%.

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

Patient information leaflets, posters and notices were displayed that provided contact details for specialist groups offering emotional and confidential support to patients and carers. For example, counselling services and bereavement support groups. The practice's electronic

## Are services caring?

patient records system alerted GPs if a patient was also a carer. There was a range of information available for carers to help ensure they understood the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was responsive to patient's needs and services were planned and delivered to take into account the needs of different patient population groups. For example;

- The practice offered later appointments until 7pm on Mondays, Tuesdays, Thursdays and Fridays each week for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, for example, patients with a learning disability.
- Home visits were available for older patients and those who were housebound. A designated practice nurse undertook home visits and co-ordinated patients' care with other services according to individual health and social care needs.
- Urgent access appointments were available for children and those with serious medical conditions.
- Patients with mobility issues were accommodated on the ground floor of the premises. There was a hearing loop and translation services were available on request.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients. The practice did not have a patient participation group (PPG), although there were plans to introduce this in the coming year. In the absence of a PPG, the practice had taken account of the views of patients from other sources, including a patient survey undertaken by the practice, the NHS friends and family test questionnaires, as well as comments and general feedback received. This had resulted in some changes, including the introduction of online services to improve patient access in making appointments and in the ordering of repeat prescriptions.

### Tackling inequity and promoting equality

The practice took account of the needs of different patients in promoting equality. Although staff had not undertaken formal equality and diversity training, they were able to demonstrate an awareness of the needs of different patient groups. For example, identifying those patients with learning disabilities to help ensure they received

appropriate care and support, including an annual assessment of their health care needs. These patients were offered home visits with a designated practice nurse if they were reluctant or unable to attend the practice.

### Access to the service

The practice offered appointments from 9am to 11.30am and from 4.30pm to 6.30pm each week day, although patients were able to contact the practice from 8.30am throughout the day by telephone. The practice operated extended hours until 7pm on four week-day evenings. Pre-bookable appointments were offered and urgent or emergency appointments were available each day. Telephone consultations were also offered on a daily basis.

Results from the 2015 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and patients we spoke with told us they were able to get appointments when they needed them. For example:

- 72% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 68% and the national average of 75%
- 97% of patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and the national average of 74%
- 95% of patients described their experience of making an appointment as good compared to the CCG average of 67% and the national average of 73%
- 83% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60% and the national average of 65%.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. There was a complaints policy and a procedure that was in line with NHS guidance for GPs and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room.

We looked at one complaint that had been received in the last year and found that this had been satisfactorily investigated and dealt with in a timely way and in accordance with the practice policy. The outcome had

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

been clearly documented and a follow-up response letter sent to the complainant. The practice had reviewed the complaint and discussed it with staff, to identify ways to help avoid a similar incident happening again.

Patients we spoke with told us that they had never had cause to complain but knew there was information available about how and who to complain to, should they wish to do so.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose, which set out the aims and objectives of the practice. These were to provide good quality care and treatment for the patients who used its services, in line with best practice and national guidance. When speaking with staff, it was clear that the leadership / management team promoted a collaborative and inclusive approach to achieve its purpose of providing good quality care to all patients.

Staff told us they understood their roles and responsibilities in helping to ensure the practice achieved its aims and objectives and felt they contributed to the overall quality of care that patients received.

### Governance arrangements

The practice had an overarching leadership structure that governed activity and supported the delivery of care and treatment for patients. This included:

- A clear staffing structure so that staff were aware of their own roles and responsibilities.
- Practice specific policies that were available to all staff, although some of these had not been reviewed and updated, for example the whistleblowing and safeguarding policies.
- A comprehensive system to understand and monitor the performance of the practice.
- A system of continuous clinical audit which was used to monitor quality and to make improvements.
- Acting on any concerns raised by both patients and staff and proactively gaining feedback from patients using a range of methods.
- The practice had learnt from individual incidents and complaints, although an overall analysis of significant events and other incidents was not undertaken to identify any trends or issues that re-occurred.

The practice had not fully developed and implemented audit systems to monitor the quality and safety of the services. This included a training audit to identify the training undertaken and required by staff, including mandatory training. There was no formal system to audit and monitor the employment checks undertaken for locum GPs working in the practice. An infection control audit had

not been undertaken and a robust system had not been implemented to follow-up safety alerts received by the practice. Electrical testing of equipment had not been undertaken since 2012.

The practice did not have an established process for managing and mitigating risks to help keep staff, patients and others safe. Where risks had been identified in relation to the premises, action plans had not been implemented to identify how the issues were to be addressed and how the risks would be minimised. For example, issues identified in relation to the fire risk assessment and the gas safety check and a risk assessment in relation to legionella.

### Leadership, openness and transparency

The practice GP told us they advocated and encouraged an open and transparent approach in managing the practice and leading the staff team. Staff we spoke with told us they felt there was an 'open door' culture, that management were approachable, that they felt supported and able to raise any concerns they had. They said there was a good sense of team work within the practice and communication worked well.

The practice had a range of human resource policies and procedures. These included a grievance and harassment policy, a whistleblowing policy, as well as a sickness / absence policy, which were in place to support staff. These policies were accessible to staff on the computers in the practice and the staff we spoke with knew where to find them.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice did not have a patient participation group (PPG), although there were plans to advertise for members in the coming year. In the absence of a PPG, the practice had sought feedback, views and comments from patients in other ways, including the NHS friends and family test questionnaires, and a patient survey undertaken by the practice. The survey results had been mainly positive and the practice had developed an action plan to implement some suggested changes in the coming year. This included a review of the patient waiting area to improve privacy for patients using the reception desk.

The practice had gathered views and feedback from staff generally through discussions and meetings. All the staff we spoke with said they felt their views and opinions were

# Are services well-led?

Requires improvement 

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

valued and they were listened to. They told us they were positively encouraged to speak openly about issues or ways that they could improve the services provided to patients and that they were encouraged to participate and contribute their views in staff meetings. For example, a request for a hand-held spirometer had been acted on by the practice.

## **Management lead through learning and improvement**

Staff told us that the practice was very supportive of training to help maintain their clinical competencies and other learning and development. Staff files contained details of continuing professional development, including updates and further learning in clinical practice, as well as enhanced learning and development for administration staff. The practice had a system for staff appraisals, although these had not been carried out within the last year.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Care and treatment was not provided in a safe way for service users because the provider did not have appropriate arrangements for responding to patient safety alerts received into the practice;</p> <p>AND</p> <p>The provider did not have effective systems to ensure that the premises and equipment was safe to use, because electrical testing had not been carried out on the portable equipment and follow-up action plans had not been implemented to address the identified issues following the fire risk assessment and gas safety check of the premises;</p> <p>AND</p> <p>The provider did not have suitable arrangements for the prevention, detection and control of the spread of infection because infection control audits had not been undertaken, staff training had not been updated, laboratory specimens were not stored appropriately and a risk assessment for legionella had not been undertaken .</p> <p>Regulation 12(1)(2)(b)(d)(e)(h)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have established recruitment procedures that operated effectively to ensure that information was available in relation to each person</p>

This section is primarily information for the provider

## Requirement notices

employed for the carrying on of the regulated activities, because the provider had not undertaken employment checks for the staff employed or for locum staff deployed within the practice, as specified in Schedule 3.

Regulation 19(3)(a) – Schedule 3

### Regulated activity

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **How the regulation was not being met:**

The provider had not established systems or processes that were effectively operated to ensure that the services provided were assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others, who may be at risk which arise from the carrying on of the regulated activities, because the provider did not have a system of safety audits, including infection control audits and employment checks. The provider did not have a system or process to manage and mitigate risks in relation to the premises and equipment used within the practice. The provider had not kept all policies and procedures under review to ensure they reflected current information and guidance and had not undertaken analysis of significant events and other incidents.

Regulation 17(1)(2)(b)(d)