

# Dr P K Mohanty and Partners

## 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?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr P K Mohanty and Partner on 11 April 2017. Overall the practice is rated as requires improvement.

- There was an open approach to safety and a system in place for reporting and recording significant events. However, there was a lack of evidence to demonstrate that the learning had been shared with all staff.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice maintained appropriate standards of cleanliness and hygiene. The infection control lead had received appropriate training.
- The monitoring of patients taking high-risk medicines did not always follow guidance.
- Not all long term condition management identified by national guidance had been actioned in a timely and appropriate way.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Where low levels of satisfaction were reported with the GPs the practice had shared their findings with their patient participation group and agreed to undertake individual performance reviews, the findings of which would be used to improve service delivery.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. There was no analysis of complaints to identify themes and trends.
- Patients we spoke with 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.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvements are:

- Stock all recommended emergency medicines or undertake a risk assessment if they are not required.
- Ensure patients taking high-risk medicines are reviewed in line with guidance.

- Ensure that relevant staff have received feedback from learning identified from the analysis of significant events and complaints.

In addition the provider should:

- Continue to make improvements in relation to the performance of the GPs at the practice in relation to the satisfaction rates in the national GP patient survey.
- Analyse complaints to identify themes and trends in order to improve services at the practice.
- Ensure that patients with diabetes receive appropriate management and review.

**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.

**Requires improvement**



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were thorough but there was a lack of evidence to demonstrate that the learning had been shared with relevant staff.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The monitoring of patients taking high-risk medicines did not always follow guidance.
- The practice maintained appropriate standards of cleanliness and hygiene. The infection control lead had received appropriate training.
- The practice had arrangements to respond to emergencies and major incidents; however not all recommended emergency medicines were stocked and there was no risk assessment in place.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the local and national averages, except for patients suffering with diabetes. The practice was aware of these figures and had put in place improvement actions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Some patients with long-term conditions did not always receive appropriate monitoring and review.
- The practice encouraged patient participation in national cancer screening and vaccination programmes.
- End of life care was coordinated with other services involved.

# Summary of findings

## Are services caring?

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

- Where low levels of satisfaction were reported with the GPs the practice had shared their findings with their patient participation group and agreed to undertake individual performance reviews, the findings of which would be used to improve service delivery.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Written information was available in the waiting area to direct carers to the various avenues of support available to them. The practice had identified 1% of its patients as carers. Carers identified were offered health checks and flu immunisation.
- Families who suffered bereavement received personalised follow up care from the GP that had most contact with the family in the last weeks of care.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patient's healthcare needs were met through the way the practice was organised and appropriate care was delivered.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting conditions and patients living with dementia.
- Patients said they were able to access the right care at the right time; appointments were managed to take account of patient's needs, including those with urgent needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. Complaints were recorded and investigated. We did not see evidence that the practice monitored trends in complaints to enable them to evaluate if action taken had been effective.

**Good**



## Are services well-led?

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

**Good**



# Summary of findings

- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- Governance within the organisation functioned effectively and staff interacted with each other appropriately.
- 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; however we did not see evidence that information was shared with staff to ensure appropriate action was taken.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

# 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. The provider was rated as requires improvement for safe and for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- The practice had a named advocate to assist with queries or signposting to services available.
- The practice identified patients who were considered to be vulnerable to contracting a virus and invited them for influenza vaccinations.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice offered 24 hour blood pressure monitoring services and could check patient heart rhythms on their own heart monitoring equipment.
- Nationally reported data for 2015/2016 showed that outcomes for patients with diabetes was variable.

**Requires improvement**



# Summary of findings

- Some patients with long-term conditions had not received appropriate reviews in line with guidance.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.
- The practice monitored any non-attendance of babies and children at vaccination clinics. The practice nurses contacted the parents of children who did not attend for vaccinations and worked with the health visiting service to follow up any concerns.

**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). The provider was rated as requires improvement for safe and for caring. The issues identified as requiring improvement overall affected all patients including this population group.

**Requires improvement**





# Summary of findings

- The needs of these populations 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 offered online services including appointments, repeat prescriptions and summary care records.
- Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.
- Minor surgery and joint injections were provided at the practice so patients did not have to attend hospital to access these services.

## 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. The provider was rated as requires improvement for safe and for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice gained written consent for relatives to share their medical information and treatment planning for patients diagnosed with memory loss or dementia
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and for caring. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 91% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months. The local average was 85% and the national average 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency 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 were published on June 2016. The results showed the practice was performing in line or slightly below local and national averages. 278 survey forms were distributed and 117 were returned. This represented a 42% completion rate.

- 62% would recommend this surgery to someone new to the area compared to the CCG average of 76% and the national average of 78%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 80% describe their overall experience of this surgery as good compared to the CCG average of 83% and the national average of 85%.

The practice did not receive any Care Quality Commission comment cards prior to the inspection. However on the day of the inspection the receptionists asked patients to complete feedback cards provided by us and we received eight by the end of the inspection. Comments received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Stock all recommended emergency medicines or undertake a risk assessment if they are not required.
- Ensure patients taking high-risk medicines are reviewed in line with guidance.
- Ensure that relevant staff have received feedback from learning identified from the analysis of significant events and complaints.

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

- Continue to make improvements in relation to the performance of the GPs at the practice in relation to the satisfaction rates in the national GP patient survey.
- Analyse complaints to identify themes and trends in order to improve services at the practice.
- Ensure that patients with diabetes receive appropriate management and review.

# Dr P K Mohanty and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector.  
Accompanied with a GP specialist adviser.

## Background to Dr P K Mohanty and Partners

Dr P K Mohanty and Partner, is based in Witham Health centre, 4 Mayland Road, Witham, Essex, with good access to bus and train services. The practice is located in a purpose built health centre with d access for the disabled to consulting and treatment rooms. The practice provides services under a General Medical Services (GMS) contract with the NHS Mid Essex Team. On the day of inspection the practice had 5,580 patients on their list.

The practice has two GP partners, both working full time. There is one male GP and one female GP. There is a practice manager and deputy practice manager. There are two practice nurses, one has qualified as a prescriber and one health care assistant, The practice has also employed a nurse practitioner. There is a team of administrators, secretaries and receptionists.

The registered patient population are predominantly of white British background. The practice age profile demonstrates slightly higher number of patients under 18 years old, and lower numbers of patients aged 75 and over in comparison to the local and national averages. The practice has a similar proportion of patients with a long-standing health condition at 53% compared to the

CCG and national averages of 54%. The practice profile identified 10% of the population are unemployed compared to the CCG and national averages of 3% and 4% respectively.

The practice has core opening hours between 8am and 6.30pm, Monday to Friday with appointments available from 8am to 5.50pm daily. The practice does not offer extended hours access. This service is provided by Primecare.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations We contacted care homes the practice visited and spoke with other healthcare professionals to share what they knew. We carried out an announced visit on 11 April 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses and administration staff and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff recorded incidents and significant events using the practice's electronic system, which were reviewed and investigated by the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice had recorded 16 significant incidents since April 2016. These related to clinical and non-clinical subjects included; patient falling while on the premises, missed cancer diagnosis, electrical failure and medicine error. However, the analysis records failed to include who was present during the clinical discussions, although the date of them was documented. Learning relating to the incident had been identified but it was unclear who had been allocated actions and when they were to be reviewed. There was some evidence of learning being shared with staff members but there was a lack of learning being shared across all staff groups and inconsistent recording of it. We acknowledge that since the date of inspection, the practice has informed us that they have improved their systems.
- We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that a practice nurse received them and identified appropriate alerts and shared them with the clinical team to action and discuss. Where a patient was adversely affected we were told they checked patient records and contacted them to conduct a review or advise them of necessary actions. The practice nurse told us there had been no recent alerts that required GP practices to action.

### Overview of safety systems and processes

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

- When something went wrong, patients received a sincere and timely apology and were told about any actions taken to improve processes to prevent the same happening again.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed.
- Patients were protected from avoidable harm and abuse. We were shown clearly defined systems, processes and standard operating procedures to keep people safe and safeguarded from abuse. These were reliable and minimised the potential for error; reflected national, professional guidance and legislation. They were appropriate for the care setting and addressed diverse needs. Those were understood by all staff and implemented consistently and were reviewed regularly and improved when needed.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. Contract cleaning was provided by an external company and there was a communication book for messages and this reflected that the quality of the cleaning was being monitored.
- The practice had a risk assessments to monitor safety of the premises such as control legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The building water supply became contaminated with legionella in January 2017, this was dealt with appropriately.

## Are services safe?

- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams when required. There was an IPC protocol and staff had received up to date training. Quarterly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice nurse had received infection control training.

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

- There were processes for handling repeat prescriptions; however we found the review of high risk medicines to be less effective. We undertook a search for a high risk medicine that required regular blood tests (between two to three months) and we found the results were inconsistent. Of the 12 records reviewed, we found that four patients had received blood tests. The remaining eight patients had not received blood tests in line with guidance and were between seven and 15 months overdue. This put patients at risk. Since the inspection, we have been notified by the practice that there have been improvements made to their system of monitoring high risk medicines.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The arrangements for managing medicines and vaccines, in the practice ensured patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). Prescriptions were securely stored and there was a process in place to audit and track their use.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a designated fire marshal within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to evacuate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages are responded to quickly and adequately. Administration staff were cross role trained for example able to prepare prescriptions, scan and work on the reception desk this assist with sickness and annual leave

### Arrangements to deal with emergencies and major incidents

The practice arrangements to respond to emergencies and major incidents required strengthening.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were some emergency medicines available in the treatment room and all staff knew of their location. However, when we checked the emergency medicines available we noted three recommended medicines were

## Are services safe?

not present. There was no risk assessment to identify why they were not present. We discussed this with the GP and they said they would assess and purchase the medicines as a matter of urgency. We were told the day after the inspection, that they had been purchased.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Patients care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and technologies. This was monitored to ensure consistency of practice.

- Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing. The expected outcomes were identified and care and treatment was reviewed and updated. Appropriate referral pathways were in place to make sure that needs were addressed.
- Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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 most recent published results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average and national of 95%. The practice had an exception reporting rate of 7% which was below the CCG average of 9% and the national rate of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had an appointed lead for QOF activities and performance was regularly monitored and discussed at team meetings.

This practice was not an outlier for any QOF (or other national) clinical targets. There were 11 indicators for the

management of diabetes and these were aggregated. The aggregated practice score for diabetes related indicators was 92% compared with the CCG average of 85% and the national average of 90%. Data from 2015/2016 showed;

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 60% compared to the CCG average of 73% and national average of 77%. Exception reporting was 5% compared to the CCG average of 15% and national average of 12%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 82% compared to the CCG average of 74% and national average of 78%. Exception reporting was 6% compared to the CCG average of 11% and national average of 9%.
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 66% compared to the CCG average of 75% and national average of 80%. Exception reporting was 8% compared to the CCG average of 16% and national average of 13%.

We discussed the figures with the clinicians. They told us they were aware of the data and had recently employed a diabetic trained nurse and had identified clinic sessions for this group. We were also told that the practice had a high number of patients who had declined to attend for blood tests and this affected their ability to achieve higher outcomes. We have advised the practice to review their exception reporting criteria but were assured that patients were being monitored effectively.

These checks would identify that patients' diabetes was being well managed and that conditions associated with diabetes such as nerve damage, heart disease and stroke would be identified and managed.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was above or within the range of the national average for example:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 80% compared to the CCG average of 82% and national average of 83%.
- The percentage of patients with asthma who had a review within the previous 12 months was 72% compared to the CCG average of 71% and national average of 75%.

# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had an assessment of breathlessness using the Medical Research Council scale was 79% compared with the CCG and national average of 90%. Exception reporting was 2% compared to the CCG average of 16% and national average of 13%. We were assured that the low data was influenced by very low exception reporting and that the practice was aware of the data and acting on it.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses that had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared with the CCG and national average of 89%.

However we noted one search for patients diagnosed with a cardiac arrhythmia identified four patients had not been appropriately reviewed in line with national guidance. The practice told us they intended to introduce a systematic background search of the patient record system to identify those patients who may have been missed and then follow up with them as a priority.

The practice kept a record of all home visits (including out of hours service visits). This was updated each month The practice monitored the reason and frequency of these visits to identify whether patients might be at risk of deterioration in their condition.

The practice was signed up to the national avoiding unplanned admissions enhanced service and also a locally agreed enhanced service which focused specifically on vulnerable patients and those over 65 years of age. Patients on this register had annual reviews of their collaborative care plans, which we were shown. We saw that after these patients were discharged from hospital they were followed up by the GP to ensure that all their needs were continuing to be met.

There was evidence of quality improvement including clinical audit. The practice provided us with four audits conducted over 16 months. They were all two cycle audits and subjects covered included patients diagnosed with atrial fibrillation to ensure they were receiving the correct medicine. And assessing the recording of risk in patients with depression and pneumococcal vaccination uptake. The practice told us they had discussed the audits within the meetings but this was not being recorded in the minutes of those meetings.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Locums and students undertaking training were provided with information packs when they started at the practice. This included information on governance and protocols and procedures to be followed.
- All staff were trained and/or qualified and had the skills they need to carry out their roles effectively and in line with best practice. The learning needs of staff were identified and training was provided to meet these needs. Staff were supported to maintain and further develop their professional skills and experience. For example this year a practice nurse was supported to be trained to prescribe medicines.
- 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 had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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.

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

### Consent to care and treatment

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

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. All clinical staff demonstrated an understanding of the Gillick competency test. (This is used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in and agreed with.
- Written consent was obtained for minor surgery procedures where the relevant risks, benefits and possible complications of the procedure were explained.

### 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 and smoking cessation. Patients were signposted to the relevant service.

The practice had a similar to local and national average of new cancer cases. They told us they encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had comparable performance in comparison with local and national rates of screening for their patients in some areas. For example;

- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. For example, 68% of women aged between 50 and 70 had attended screening for breast cancer, which was slightly lower than both the CCG average of 75% and national average of 72%. Bowel cancer screening was similar to local and national averages, for example at 54% compared with the CCG average of 60%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 99% and five year olds from 91% to 100%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Feedback from patients who use the service, those who are close to them and stakeholders were positive about the way staff treat people. Patients were treated with dignity, respect and kindness during all interactions with staff and relationships with staff were positive.

- Staff made sure patients privacy was respected when they received treatment. We saw curtains were provided in consulting rooms to
- All reasonable efforts had been made to ensure that discussions about care, treatment and support only took place in an area that could not be overheard. We observed that consultation room doors were closed.
- Staff were aware of their responsibilities for patient confidentiality and knew what they needed to do to ensure patient information was kept secure. Staff were compassionate and ensured patients could be seen by a clinician of the same sex if requested.

The practice did not receive any Care Quality Commission comment cards prior to the inspection. However on the day of the inspection the receptionists asked patients to complete feedback cards provided by us and we received eight by the end of the inspection. Comments received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with nurses. However, the GPs consultations were lower than CCG and national average in all areas surveyed. For example:

- 81% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 88%.

- 75% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Information from the completed comment cards reflected that some patients felt that some staff did not always explain things clearly or give them time to respond or help them to understand.

We asked the practice what they had done to improve patient experience. They said the practice had acknowledged this as an area for improvement. The results had been shared with and discussed by the PPG and they had carried out their own survey in September 2016. The findings had been discussed with the staff and GPs at the practice and we were told that work was in progress to achieve the required improvements.

The views of external stakeholders were positive. For example, the managers of the three local care homes where some of the practice's patients lived all praised the care provided by the practice. Each care home had a nominated GP who visited patients on request and ad hoc.

# Are services caring?

## 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.

Results from the national GP patient survey, published July 2016 showed patients reported below average experience of their involvement in planning and making decisions about their care and treatment with their GP. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.

We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

## 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice website had signposting for carers to information including video links and financial and legal advice regarding practical considerations such as housing and taking a break. The practice had identified 58 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Appointments were available outside of school hours and the premises were suitable for children and babies. There were longer appointments available for older patients with complex needs and patients with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- We saw examples of joint working with midwives, health visitors and school nurses.

The practice monitored any non-attendance of babies and children at vaccination clinics. The practice nurses contacted the parents of children who did not attend for vaccinations and worked with the health visiting service to follow up any concerns

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments on the same day for those with enhanced needs.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice sent text message reminders of appointments and test results.
- There were accessible facilities, interpretation services were available.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate. For example learning disability patients have identified their own picture charts that they want used to represent their condition.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a named advocate to assist with queries or signposting to services available.
- The practice identified patients who may be considered vulnerable to contracting a virus and invited them for influenza vaccinations. Patients identified as needing home visits were prioritised to be vaccinated early in the flu season.

### Access to the service

The appointments, telephone and online system were easy to use and supported people to make appointments, bookings or obtain advice or treatment.

Patients could contact the surgery from 8am to 6.30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 3.30pm to 6pm daily; except on Tuesday and Thursday. On Wednesday A GP held a minor operations clinic. Pre-bookable appointments could be booked up to four weeks in advance; urgent appointments were also available for patients that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 71% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 54% of patients said they don't normally have to wait too long to be seen compared with the CCG average and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

# Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get on the day appointments with ease. We checked when the next available appointments were with the GPs and appointments were available on the morning of the inspection and also within two days for routine matters. However, there was a longer wait for appointments with the nursing team. The practice acknowledged delays were currently being experienced due to high demand and a nurse practitioner had been recently appointed and was due to start work the following week.

The practice had a system to assess:

- Whether a home visit was clinically necessary.
- The urgency of the need for medical attention.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The complaints and comments system was advertised on the web site, in the practice waiting room and on their information leaflet. Staff were trained to treat patients compassionately when they seemed anxious and wanted to make a complaint. There was openness and transparency in how complaints were dealt with. Complaints and concerns were always taken seriously, responded to quickly and listened to. Improvements are made to the quality of care as a result

The practice had a system for handling complaints and concerns.

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

We looked at six complaints received in the last 12 months and found the practice had dealt with them in a timely way and been open and transparent when reviewing them. Lessons were learned from individual concerns and complaints. For example, following a complaint about a staff member's attitude this was discussed at staff meetings and additional training organised for staff.

We did not see evidence that the practice monitored trends in complaints to enable them to evaluate if action taken had been effective.

# 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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the practice website; staff knew and understood the values.
- The practice had a strategy for the following three years regarding how they would continue to deliver their vision and this was documented.

### Governance arrangements

Governance within the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were set out, understood and effective.

The practice had an overarching 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.
- GP clinical leads were identified for mental health, safeguarding, care of the elderly, women's issues, child health, and palliative care.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- The practice persevered with difficulties around access to the service and its current improvement plans included different ways of working, for example developing the practice nurse to qualify in prescribing, employing another nurse prescriber and a health care assistant; this led to diversify skills mix within the clinical team and increased capacity.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners and practice manager in the practice demonstrated they had the experience 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 partners and practice manager 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. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice kept records of written correspondence and verbal communication.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- There was an open approach to safety and a system in place for reporting and recording significant events. However, there was a lack of evidence to demonstrate that the learning had been shared with relevant staff.
- Staff told us the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.



# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, by the GPs and the practice manager. They described the relationship between staff as good and said all staff worked well as a team.
- All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The PPG had also worked with the practice and their patients in relation to future changes so that patients were aware of them. This was achieved through the use of a survey to seek and consider their views.
- The NHS friends and family test results for September reflected that 95% of patients said they were extremely likely or likely to recommend the practice to friends and family.

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

- The practice encouraged and valued feedback from patients, the public and staff.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had 25 members and had made some suggestions about improvements that could be made at the practice, which had been implemented; for example, they had suggested that the last evening appointment be at 6.20pm instead of 5.50pm and this had been implemented.
- The practice had gathered feedback from staff through staff meetings and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; for example, reception staff had asked for additional lockable storage behind the reception desk; the practice had agreed to provide this and had involved staff in designing storage which would suit their needs.
- The practice had gathered feedback from staff through appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management on an ad-hoc basis but there were no meetings open to all staff members.

## 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>The registered person did not ensure that there were sufficient quantities of medicines to ensure the safety of service users and to meet their needs.</p> <p>There were insufficient medicines available in the event of a medical emergency and no risk assessment had been undertaken as to why they were not required.</p> <p>This was in breach of regulation 12 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014</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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have some processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Reviews of high risk medicines were not been consistently undertaken and the learning from safety incidents was not being cascaded to staff.</p> <p>This was in breach of regulation 17(1) the Health and Social Act 2008 (Regulated Activities) Regulations 2014</p>