

# Tulasi Medical Centre

## Quality Report

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

### Ratings

#### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tulasi Medical Centre on 22 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had systems in place to minimise risks to patient safety, however we identified safety concerns in relation to vaccine storage and fire safety.
- 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.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- 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 improvement are:

- Ensure there is an effective system in place for minimising fire risk through the regular testing of fire alarms, and by conducting fire drills in accordance with practice policy.

# Summary of findings

The areas where the provider should make improvement are:

- Review arrangements for ensuring the temperatures of vaccine fridges are routinely checked across all sites.
- Continue to review and monitor performance against Quality Outcomes Framework (QOF) indicators, to improve outcomes for patients with diabetes.

**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**



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to minimise risks to patient safety, however the vaccine fridges at one of the branches had no record of a temperature check on two days prior to the inspection, and at another branch the vaccine fridges were not kept in a locked room.
- Fire alarms had not been tested at any of the sites. The practice told us that they did not have the relevant key to activate the alarms. They told us that they had conducted the most recent fire drill by shouting to staff that the alarm had been activated.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population, for example by setting up a local carers group.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



# Summary of findings

- The provider was aware of the requirements of the duty of candour. In one example we reviewed we saw evidence the practice complied with these requirements.
- The lead GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- 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 who were closely involved in running, supporting and promoting the practice, and were a strong patient voice.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and time was available for staff to receive appropriate training.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

**Good**



- 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.
- We spoke to the manager of a local 64 bed nursing home who told us that having previously managed nine other nursing homes, this was by far the best GP practice she had worked with. The practice responded to their requests, attended patients when required and dealt with repeat prescriptions.
- 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 including two nursing homes.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

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

**Requires improvement**



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that the practice was below local and national averages for patients with long term conditions. For example 63% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 77% and the national average of 78%.

# Summary of findings

- The national QOF data showed 62% of patients with asthma on the register had an annual review, compared to the CCG average of 74% and the national average of 76%.
- 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.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- 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 good for the care of families, children and young people.

- 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.
- The practice's uptake for the cervical screening programme was 72%, which was below with the Clinical Commissioning Group (CCG) of 79% and the national average of 81%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice child care lead GP provided "learning together" clinics which were joint consultations with a GP and paediatrician, for four sessions per week.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good





# Summary of findings

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

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

- The 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, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.
- The practices' safeguarding lead spent four hours protected time per week reviewing vulnerable patients and child safeguarding processes.
- 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.

**Good**



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

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

- The practice carried out advance care planning for patients living with dementia.

**Good**



# Summary of findings

- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% compared to the CCG average of 84% and the national average of 84%.
- We saw 91% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 90% and national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty seven survey forms were distributed and 111 were returned. This represented less than 1% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients told us that clinical and administrative staff treated them with dignity and respect, and gave them helpful advice and support, including those patients with a learning disability. Eleven patients commented that it was sometimes difficult to book an appointment.

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. The most recent results of the NHS Friends and Family Test showed that 70% of patients would recommend the practice.

# Tulasi Medical Centre

## 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 adviser and two other CQC inspectors.

## Background to Tulasi Medical Centre

Tulasi Medical Centre is based in Dagenham, east London, with branches in Dagenham and Barking. The practice list size is 20700 and was created from a merger of two local practices in August 2016.

The practice has a Personal Medical Services (PMS) contract and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination, extended hours access, dementia diagnosis and support, flu and pneumococcal immunisation, learning disabilities, patient participation, rotavirus and shingles immunisation, and unplanned admissions.

The practice has a larger than average population of patients aged between 30 and 40 years and children under the age of 14, and the practice catchment area is amongst the second most deprived neighbourhoods in the country.

The practice operates across three sites. The main site is on 10 Bennett's Castle Lane in Dagenham and has access to five consulting rooms and one treatment room on the ground floor, and one consulting room on the first floor. The first branch practice is on Parloes Avenue, also in

Dagenham, and is located in converted premises with access to four consulting rooms and one treatment room on the ground floor. The second branch is located on Ripple Road in nearby Barking, in converted premises, and has access to three consultation rooms and one treatment room on the ground floor. The patient facilities at each site are wheelchair accessible and there are facilities for wheelchair users including accessible toilets and a hearing loop.

Opening hours at the practice are between 8am and 6.30pm weekdays, with the following exceptions:

- Extended hours on Mondays between 6.30pm and 8pm at Ripple Road.
- Extended hours between 9am and 5pm on Saturdays, and 1pm closure on Thursdays at Bennet's Castle Lane.

Appointments are available throughout the day when the practice is open. When the practice is closed patients are directed to the Partnership of East London Cooperatives (PELC).

The practice clinical team is made up of one male GP, three male salaried GPs, two female salaried GPs and nine regular locum GPs providing a total of 93 GP sessions per week. The nursing team comprises one female nurse prescriber, one diabetic specialist nurse, three female practice nurses and two healthcare assistants. The clinical team is supported by three practice managers, three senior administrators and 24 reception/administrative staff. The practice also employs a psychologist, carers advocate and smoking cessation adviser all working on a part time basis across all three sites. The practice is a teaching practice, and has medical students attached to the practice for short periods.

# Detailed findings

The provider is registered to carry on the regulated activities of diagnostic and screening procedures, maternity and midwifery services and treatment of disease disorder or injury.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 June 2017.

During our visit we:

- Spoke with a range of staff including the practice GP provider, salaried GPs, practice nurses, practice management, administrative and reception staff. We also spoke with patients who used the service.
- 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.
- Visited all practice locations.
- 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 told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one patient called the practice in the afternoon to request a home visit, this was recorded in the home visit request book but the message was not passed on to a GP. The practice investigated this event and discovered inconsistency in the way home visit requests made in the afternoon were managed. The practice changed the protocol to require all home visit requests made in the afternoon to be passed to the duty doctor at the time of the request, as well as being recorded in the home visit request book, and the duty doctor was then responsible for ensuring all requests were reviewed, triaged and allocated as appropriate. This incident and change of protocol was discussed at a clinical team meeting and shared with the whole practice.
- The practice also monitored trends in significant events and evaluated any action taken.

### Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. The practices' safeguarding lead spent four hours protected time per week reviewing vulnerable patients and child safeguarding processes.
- 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 and the practice nurse was also trained to level three. Non clinical staff were trained to level one.
- 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.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally minimised risks to patient safety (including

## Are services safe?

obtaining, prescribing, recording, handling, storing, security and disposal), however on the day of the inspection we found that the fridge temperatures at the Parsloes branch had not been recorded on either 20 or 21 June. In addition the vaccine fridges at the Ripple Road branch were not locked and were not held in a locked room.

- There were processes for handling repeat prescriptions which included the review of 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 pharmacy 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.
- The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. 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.

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

### 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 up to date fire risk assessments. There were designated fire marshals across all sites. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- Fire alarms had not been tested at any of the sites. The practice told us that they did not have the relevant key

to activate the alarms. They told us that they had conducted the most recent fire drill by shouting to patients and staff that the alarm had been activated, this was not in line with the practice fire safety policy which required the installed systems to be tested monthly. Evidence was seen the day after the inspection that their fire alarm supplier had been contacted to rectify the problem.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients, and the two salaried GPs were contracted to a weekly "floating" GP session to cover staff sickness, study and annual leave.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### 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, with an exception reporting rate of 13%. (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).

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

- Performance for diabetes related indicators was 70%, which was below the Clinical Commissioning Group (CCG) average of 80% and the national average of 90%. For example, 63% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 77% and the national average of 78%. The exception reporting rate for this measure was 14% compared to the CCG average of 9% and the national average of 9%.
- The number of patients who had received an annual review for diabetes was 70% compared to the CCG average of 87% and the national average of 88%. The exception reporting rate for this measure was 5% compared to the CCG average of 6% and the national average of 8%.

- The percentage of patients newly diagnosed with diabetes who had been referred to a structured education programme was 97% compared to the CCG average of 93% and the national average of 92%. The exception reporting rate for this measure was 1% compared to the CCG average of 10% and the national average of 23%.

The practice was aware that its QOF performance for some diabetes indicators was below local and national averages, and had identified this as a priority for the practice. The practice had recently employed a full time specialist diabetic nurse, and diabetes education sessions were available to patients. A practice GP and the specialist diabetic nurse carried out diabetes workshops at a local nursing home to train staff to better manage these patients. The practice was also taking part in a local pilot scheme offering a mobile phone application designed to encourage self support for pre-diabetic patients.

- Performance for mental health related indicators was 95%, which was comparable to the CCG average of 92% and the national average of 93%. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 90% and the national average of 89%. The exception reporting rate for this measure was 8% compared to the CCG average of 5% and the national average of 13%.
- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% compared to the CCG average of 84% and the national average of 84%. The exception reporting rate for this measure was 3% compared to the CCG average of 6% and the national average of 7%.
- 62% of patients with asthma in the register had an annual review, compared to the CCG average of 74% and the national average of 76%. The exception reporting rate for this measure was 4% compared to the CCG average of 3% and the national average of 8%.

There was evidence of quality improvement including clinical audit:



# Are services effective?

## (for example, treatment is effective)

- There had been ten clinical audits commenced in the last two years, of these three were completed audits where the improvements made were implemented and monitored.
- Information about patients' outcomes was used to make improvements. For example, the practice conducted an audit of patients who had been prescribed domperidone, a medicine used to relieve feelings of sickness or vomiting. Seventeen patients were identified as having a repeat prescription, which went against the Medicine and Healthcare Products Regulatory Agency (MHRA) guidance. A letter was sent to all these patients informing them of the risks and lack of clinical justification to continue taking this medicine in the long term. The patients were invited to the practice for review if they had any concerns, and patients receiving future prescriptions would undergo cardiac risk assessment. The second cycle of the audit showed only two patients with a repeat prescription for this medicine.

### 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, child health, mental health, elderly care, travel vaccines and substance misuse. The practice invited external speakers to clinical meetings, for example in the field of medicines management.
- 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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

The practice cared for the patients at a local 64 bed nursing home. We spoke to the manager of a local 64 bed nursing home who told us that they were happy with the care and treatment provided by the practice. One of the salaried GPs at the practice provided weekly ward rounds as well as ad hoc urgent appointments, advice and contact with residents' families. They told us that the practice provided excellent coordination with local pharmacists and palliative care teams.

# Are services effective?

(for example, treatment is effective)

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation.
- The practice employed a psychologist, carers advocate, community matron and smoking cessation adviser, all working on a part time basis across all three sites to support the clinical team.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice child care lead GP provided "learning together" clinics which were joint consultations with a GP and paediatrician, for four sessions per week.

The practice's uptake for the cervical screening programme was 72%, which was below the Clinical Commissioning Group (CCG) of 79% and the national average of 81%. The exception reporting rate was 4% compared to the CCG average of 8% and the national average of 7%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 87% to 94% and five year olds from 76% to 88%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer, and the uptake for these programmes was in line with local averages.

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

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including three members of the patient participation group (PPG). 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 to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 87% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 85% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 95%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 78% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.

## Are services caring?

- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% 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.
- Information leaflets were available in easy read format.
- 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's computer system alerted GPs if a patient was also a carer. The practice had identified 224 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. The practice had worked with the local CCG carers group to develop the role of their carers adviser.

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. The practice reviewed recently deceased patients at clinical meetings.

# 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:

- The practice offered extended hours on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- The practice made use of the local community transport service to assist patients who had difficulty attending the practice.
- The practice encouraged reception staff to act as “care navigators” to direct patients appropriately when they contact the practice, and had provided training to help them carry out this role.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A large print version of the patient registration form was available at reception.
- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice had implemented a telephone travel vaccination clinic to prevent patients having to make separate visits to obtain travel advice and then the relevant vaccines.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice patient population had a high proportion of patients who did not speak English as a first language. Additional languages spoken by the staff team included Farsi, Urdu, Hindi and Gujarati.

- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- 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.

### Access to the service

Opening hours at the practice were between 8am and 6.30pm weekdays with extended hours until 8pm on Monday, and between 9am and 5pm on Saturdays. Appointments were available throughout the day when the practice was open. In addition to pre-bookable appointments that could be booked up to six 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.

- 88% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 68% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment, which was below the CCG average of 74% and the national average of 85%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% 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.

The practice had a system to assess:

- whether a home visit was clinically necessary; and

# Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

Requests for home visits were triaged by a GP and scheduled 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 practice had a system for handling complaints and concerns.

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

- We saw that information was available to help patients understand the complaints system through an information sheet on the reception desk.
- The practice did not keep a record of verbal complaints, we saw evidence in team meeting minutes that when such complaints arose, patients were offered an explanation, apology and further support if needed.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, showing openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints. For example, after a complaint from a patient who had attended the practice and been refused a same day appointment, the practice changed the appointment booking system to include these patients on the telephone triage list, so they would be able to speak to a GP.



# 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 in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The provider was a clinical commissioning group (CCG) clinical director and one of the salaried GPs was a CCG network lead, ensuring that the practice worked closely and shared best practice with local practices and the wider healthcare community.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The provider and salaried GPs had worked to change the organisational structure, after merging with a nearby practice, this allowed staff teams to take on roles and responsibilities for clinical and operational areas. This approach outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as infection control, safeguarding and clinical governance.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- The practice held weekly 90 minute clinical team building sessions which supported a programme of continuous clinical and internal audit, training sessions from external speakers and quality monitoring.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although these were not always followed in relation to vaccine storage and fire safety.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partner in the practice demonstrated he had the experience, capacity and capability to run the practice and ensure high quality care. He told us he prioritised safe, high quality and compassionate care. Staff told us the partner was approachable and always took the time to listen to all members of staff. All members of staff we spoke to told us they enjoyed working at the practice.

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure 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.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partner and managers in the practice. Staff told us were involved in discussions about how to

# Are services well-led?

Good 

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

run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- The practice had hosted a stress reduction workshop for clinical staff, to assist in the management of their own mental health, and had arranged to offer this to the rest of the staff team.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had a strong voice within the practice and had been influential in a number of improvements. They met regularly, participated in the design of patient surveys and submitted proposals for improvements to the practice management team. The practice had repainted the premises, purchased a water cooler for reception area and installed a centralized telephone system, all following feedback from patients and the PPG.

- Staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- A work experience student had worked at the practice for a short period, shadowing the clinical team, and subsequently had written to the practice to say that they had been inspired by their time at the practice to pursue a career in medicine for which they had recently qualified.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was taking part in a local pilot scheme offering a mobile phone application designed to encourage self support for pre-diabetic patients.



## 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 Maternity and midwifery services 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 adequately assess the risks to the health and safety of service users receiving the care or treatment or do all that was reasonably practicable to mitigate any such risks in that:</p> <ul style="list-style-type: none"><li>• The provider did not carry out fire alarm testing at any of the three sites. The provider was unable to demonstrate that working fire alarm systems were in place, or that effective fire drills were being undertaken across all three sites.</li></ul> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>