

Dr Sundar Vaid

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?

Good



Are services effective?

Requires improvement



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 Sundar Vaid's practice on 6 July 2017. Overall the practice is rated as Requires Improvement.

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. Staff had regular meetings to discuss significant events and lessons learnt.
- The practice was not following the Gillick guidelines in relation to providing care and treatment for children under the age of 16 years of age. The practice told us they did not allow children to have a consultation without the presence of an adult.
- The practice had clearly defined and embedded systems to minimise risks to patient safety, this included an effective process for monitoring and actioning safety alerts.

- 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.
- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient outcomes.
- Overall Quality Outcomes Framework (QOF) performance was above local and national averages.
- The practice had clearly defined and embedded systems to minimise risks associated with legionella, fire and health & safety.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Completed Care Quality Commission comment cards we received showed patients were satisfied with the care and treatment they received, however the GP national patient survey showed lower results for consultations with the GP in comparison to local and national averages.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- 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 practice had an active patient participation group (PPG) and we saw measures in place in order to increase PPG membership.
- The GP encouraged a culture of openness and honesty. The practice had a well established governance framework to support the delivery of safe and effective care.

There was an area where the provider must make improvements:

The provider must:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences

There were also areas of practice where the provider should make improvements.

The provider should:

- Establish processes to increase the identification of carers in order to provide further support where needed.
- Review the current opening hours to ensure care is provided in response to patients needs.
- Continue to review national GP patient survey results and explore effective ways to further improve patient satisfaction scores.

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?

Good



- From the documented incidents we reviewed, we found there was an effective system for reporting and recording significant events. Staff had regular meetings to discuss significant events and lessons learnt.
- When things went wrong patients were informed as soon as practicable, received reasonable support, information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems and processes to minimise risks to patient safety and had an effective process in place for monitoring and actioning safety alerts.
- Documentation provided at this inspection showed that the practice had clearly defined and embedded systems, processes and practices to minimise risks such as risks associated with legionella and fire. Arrangements were in place to ensure staff were up to date with immunisations such as Hepatitis B, where required. Completed cleaning logs demonstrated that the practice maintained and monitored standards of hygiene.
- Staff demonstrated that they understood their responsibilities regarding safeguarding and all had received training on safeguarding children and vulnerable adults relevant to their role. There was an open culture in which all concerns raised by staff were valued and used for learning and improvement.

Are services effective?

Requires improvement



- The practice was not following the Gillick guidelines in relation to providing care and treatment for children under the age of 16 years of age. The practice told us they did not offer children a consultation without the presence of an adult.
- Quality Outcomes Framework (QOF) data showed patient outcomes were at or above average compared to local and national averages. The practice used this information to monitor performance against national screening programmes and outcomes for patients.
- Systems were in place to ensure that all clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Staff we spoke with were aware of current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient outcomes.
- There was evidence of appraisals and personal development plans for all staff. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment and the practice had effective systems to monitor that all staff were receiving the appropriate training and updates for their role.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example: 64% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- The practice had a carers register and data provided by the practice showed 0.3% of the practice's population had been identified as carers. There was carers information displayed in the waiting room informing patients of local support available and a detailed carers pack available. The practice told us they coded patients who identified themselves as a carer and would carry out a review to ensure all patients with caring responsibilities were encouraged to be included on the register so they received the support they needed.
- Information for patients about the services available was easy to understand and accessible. Chaperone notices were written in various languages so patients were aware that this service was available.
- During the inspection, we saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- 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.
- Results from the national patient survey showed 93% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 71%.

Good



Summary of findings

- The practice closed Monday, Tuesday, Thursday and Friday from 1pm to 4.30pm and telephone lines were diverted to an out of hours provider. The provider opened the surgery again in the evening from 4.30pm to 6.30pm. Results from the national patient survey showed 81% of patients were satisfied with the surgery's opening hours compared to the CCG average of 74% and the national average of 76%.
- Patients could access appointments and services by telephone, online and face to face, with urgent appointments available the same day.
- Information about how to complain was available and evidence we reviewed showed the practice responded quickly to issues raised. Improvements were made to the quality of care as a result of complaints and concerns. Complaints were shared with staff at regular team meetings.

Are services well-led?

Good



- 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.
- The GP encouraged a culture of openness and honesty. The practice had systems for recording and responding to safety incidents and sharing information with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. For example, the practice had a dedicated phone line for patients at risk, frail and palliative care patients
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were offered vaccinations for flu, pneumonia and shingles. Unverified data provided by the practice showed 82% of patients had received a flu vaccination.
- Documentation provided by the practice showed patients on the palliative care register were discussed at three monthly meetings and their care needs were co-ordinated with community teams.

Requires improvement



People with long term conditions

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

- The GP had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. The latest published QOF results (2015/16) showed performance for diabetes related indicators was 90% which was comparable to the CCG average of 93% and the national average of 90%.
- Patients with long-term conditions received annual reviews of their health and medicine. 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. We saw evidence that meetings were held every three months.

Requires improvement



Summary of findings

- 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.
- The practice supported regular community diabetes sessions in the practice with a specialist diabetic nurse every month to review patients with complex diabetes needs.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Rooms were available for breast feeding and there were baby changing facilities.
- The practice worked with midwives and health visitors to support this population group. For example, the midwife held ante-natal clinics once a week.
- Childhood immunisation rates were lower in comparison to the England average for all standard childhood immunisations.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 73% which was lower than the national average of 81%.
- The practice was not following the Gillick guidelines in relation to providing care and treatment for children under the age of 16 years of age.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing effective and caring services. 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, for example, extended opening hours were available one late evening per week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offers NHS health checks for patients aged 40-70 years.
- The practice referred patients to a local stop smoking service and from data provided by the practice, 87% of smokers had received smoking cessation advice and 11 patients had quit smoking in the past 12 months.
- The practice provided an electronic prescribing service (EPS) which enabled the GP to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living with a learning disability and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual reviews for people with a learning disability. Unverified data provided by the practice showed five patients on the learning disability register and 60% had received an annual review.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with 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 provider was rated as requires improvement for providing effective and caring services. The issues identified as requiring improvement overall affected all patients including this population group.

- Patients at risk of dementia were identified and offered an assessment. The latest QOF data (2015/16) showed 73% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%. Unverified data provided by the practice showed that there were 10 patients on the dementia register and 89% of these patients had a care plan and medication review documented in their records.
- Patients requiring support with mental health needs were referred to the community mental health nurse who held a clinic at the practice once a week.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Data provided by the practice showed eight patients on the mental health register and the latest QOF data (2015/16) showed 86% of patients on had had their care plans reviewed in the last 12 months, which was comparable to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations and for patients.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing in line with local and national averages. A total of 325 survey forms were distributed and 103 were returned. This represented 7% of the practice's patient list.

- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.
- 89% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 64% 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 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients told us that staff were helpful and good care was always provided.

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

The practice told us they had stopped collating Friends and Family test (FFT) feedback as being a small practice, patients had completed feedback on previous appointments. The data provided by the practice showed in January 2017 the practice had received eight responses and 87% of patients were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The provider must:

- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences

Action the service **SHOULD** take to improve

The provider should:

- Establish processes to increase the identification of carers in order to provide further support where needed.
- Review the current opening hours to ensure care is provided in response to patients needs.
- Continue to review national GP patient survey results and explore effective ways to further improve patient satisfaction scores.

Dr Sundar Vaid

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.

Background to Dr Sundar Vaid

Dr Sundar Vaid's practice is registered with the Care Quality Commission to provide primary medical services. The patient list is approximately 1,390 of various ages registered and cared for at the practice. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as childhood vaccination and immunisation schemes.

Dr Sundar Vaid's Surgery is also known as Darlaston Health Centre. The practice is located in Walsall, West Midlands. The surgery is situated on the ground floor of a multipurpose building shared with other health care providers. On-site parking is available with designated parking for patients who display a disabled blue badge. The surgery has automatic entrance doors and

is accessible to patients using a wheelchair. Dr Vaid's practice is part of the Modality Partnership. Modality Partnership provides one model of care across 25 different locations in Sandwell, Birmingham, Walsall and Hull. The practice plans to merge with another local practice in the centre and combine the current patient lists.

Based on data available from Public Health England, the levels of deprivation in the area served by Dr Sundar Vaid's

surgery are below the national average, ranked at two out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial).

The practice is run by a lead female GP, a healthcare assistant and the non-clinical team consists of a practice manager, administrative and reception staff. A practice nurse had just been recruited to join the practice team and had recently commenced at the practice.

The practice is open between the hours of 8.30am to 1pm on Monday to Friday and from 4.30pm to 6.30pm Monday, Tuesday, Thursday and Friday. The practice closed on Wednesday afternoons from 1pm. During the day reception closes from 1pm to 4.30pm and the surgery telephone is diverted to Waldoc who are an external out of hours service provider, contracted by the practice. Extended opening hours were provided by the practice on Monday evenings from 6.30pm to 7.15pm.

GP consulting hours are from 9.30am to 11.50am and 4pm to 7.15pm on Mondays, 8.30am to 12.30pm and 2.30pm to 6pm on Tuesdays, Thursdays and Fridays; and 8.30am to 12.30pm on Wednesdays. The practice has opted out of providing cover to patients during the out of hours period. During this time services are provided by NHS 111.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 59 member practices. The CCG serve communities across the borough, covering a population of approximately 274,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

Detailed findings

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 6 July 2017. During our visit we:

- Spoke with a range of staff including GP, health care assistant, practice manager, reception and administration staff and spoke with patients who used the service.
- Spoke with the community mental health nurse.
- Observed how patients were being cared for in the reception area
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients 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 in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the 12 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.
- The practice carried out an analysis of events and these were discussed with staff at three monthly practice meetings. All events were recorded to ensure appropriate action was taken and learning was shared with staff to minimise further risks.

Staff we spoke with were able to explain processes in place to minimise risks to patient safety, this included systems in place to ensure compliance with alerts received from central alerting system (CAS) and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice proactively worked with the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. The practice proactively worked with the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. For example we saw that the practice reduced their prescribing of a medicine used to treat nocturnal leg cramps, considered to be of limited effectiveness.

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.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level three. The health care assistant had completed child safeguarding level two training. The practice liaised regularly with the health visiting team who were situated in the health centre.
- A notice in the waiting room advised patients that chaperones were available if required. This was written in various languages to ensure all patients had the option to request this facility. 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 and staff had access to appropriate hand washing facilities and personal cleaning equipment.
- The GP with the support of the health care assistant 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 the last audit had been completed in June 2017. We saw evidence that action was taken to address any improvements identified as a result.
- The practice had immunisation records for staff and there was an effective system in place to ensure all staff were up to date with their immunisations.

Are services safe?

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits with the support of the local clinical commissioning group pharmacist 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.
- Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We checked vaccination fridges and saw that they were adequately stocked and there was appropriate stock rotation. Fridge temperatures were effectively monitored and recorded daily.

We reviewed two 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 and regular risk assessments were carried out.
- The practice had an up to date fire risk assessment and carried out regular fire drills.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The last review of equipment had been completed in December 2016.
- 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.

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.
- 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 (2015/16) were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Exception reporting was 4% which was lower than the CCG average of 8% and the national average 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).

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 92% which was comparable to the CCG average of 93% and the national average of 90%.
- Performance for mental health related indicators was 95% which was comparable to the CCG average of 94% and the national average of 93%.

There was evidence of quality improvement including clinical audit:

- We saw evidence that four clinical audits had been undertaken in the past 12 months. We reviewed one of the audits to see what improvements had been

implemented. For example, the practice carried out an audit to ensure all patients diagnosed with gout had the relevant reviews that were required. (Gout is characterized by a raised uric acid level in the blood and the deposition of urate crystals in joints and other tissues). The first audit in April 2016 showed 30 patients had been diagnosed with gout and a review of each patient was completed and at the second audit in March 2017, two patients had their medication stopped due to renal function tests and 87% of the patients identified had been given advice on adjusting their diets.

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.
- 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 GP in the absence of a practice nurse had been offering cervical screening and immunisations to patients.
- On speaking with reception staff on the day of inspection, they identified a shortage of staff, due to the retirement of one of the reception staff and another having resigned. The provider told us that as they were due to merge with a local practice, the level of staff provision required would be reviewed. A practice nurse had recently been employed by the surgery.
- 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 of the health care assistant by the GP and facilitation and support for revalidating the GP. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- 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 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 three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Data provided by the practice showed six patients on the palliative care register. Documentation shared by the practice showed that these patients had care plans in place and they were regularly reviewed. We saw evidence to support that patients were discussed at three monthly meetings and their care needs were co-ordinated with community teams. Staff we spoke with explained that 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.

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.

- The practice was not following the Gillick guidelines in relation to providing care and treatment for children under the age of 16 years of age. On speaking with the GP, she confirmed that patients under the age of 16 years of age did not have a consultation without the presence of an adult and therefore the GP was unable to ascertain whether the child had the maturity to make decisions without the presence of an adult.
- 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, smoking and alcohol cessation.
- The practice offers NHS health checks for patients aged 40-70 years.
- The practice referred patients to a local stop smoking service. Unverified data provided by the practice showed 87% of smokers had received smoking cessation advice and 11 patients had stopped smoking in the past 12 months.

The practice's uptake for the cervical screening programme was 73%, which was lower than the CCG average of 79% and the national average of 81%. In the absence of a practice nurse, the GP had been offering cervical screening to patients. 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 demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

The uptake for the national screening programmes was mixed in comparison to the CCG and national averages. For example the uptake for breast screening showed:

Are services effective?

(for example, treatment is effective)

- 69% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 71% and the national average of 72%.

The uptake for bowel screening showed:

- 48% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 52% and the national average of 58%. The practice had information on display in the waiting room encouraging patients to take part in the national screening programme for bowel screening.

Childhood immunisations were not in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to the CCG and national

averages. For example, rates for vaccines given to under two year olds were 61% to 100% in comparison to the national average of 90% and five year olds ranged from 69% to 96% in comparison to the national average of 88% to 94%. On speaking with staff, we were told that with the absence of a practice nurse the GP was vaccinating children.

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.

All of the 39 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 four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said they were able to get appointments without difficulty. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients gave mixed responses to questions relating to if patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with the GP. For example:

- 64% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 60% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 86%.

Satisfaction scores for consultations with nurses were higher than the CCG and national averages. These results were for the previous nurse who worked at the practice. For example:

- 96% of patients said the nurse was good at listening to them compared to the CCG average of 91% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Results for helpfulness of receptionists showed:

- 95% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% 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.

Results from the national GP patient survey showed patients gave mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results for the GP were lower than local and national averages. For example:

- 65% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 61% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.

Are services caring?

Results for the nurse were higher than local and national averages. For example:

- 95% 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%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice had reviewed the results of the GP survey and had an action plan in place. For example, to ensure patients understood their treatment the clinicians were to ensure that patients understood tests and referrals and provided printed literature where required for patients.

- 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.
- Information leaflets were available in easy read format.

- The E-Referral service was used with patients as appropriate. (E-Referral service 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.

The practice had identified four patients as carers (0.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them and the staff sent a bereavement 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:

- The practice offered extended hours on a Monday evening for patients who could not attend during normal opening hours.
- 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.
- The practice used a text messaging service to remind patients of their appointments.
- 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.
- Patients were able to receive travel vaccines available on the NHS and those only available privately were referred to other clinics for vaccines.
- There were accessible facilities, which included baby changing facilities, a disabled toilet, a hearing loop to support patients with hearing difficulties and interpretation services were available.
- The practice provided an electronic prescribing service (EPS) which enabled the GP to send prescriptions electronically to a pharmacy of the patient's choice.
- We saw examples of joint working with midwives and the midwife ran an antenatal clinic once a week.
- Patients requiring support with mental health needs were referred to the community mental health nurse who ran a clinic once a week at the practice.
- Patients were able to access a range of community services from the premises including phlebotomy and an anti-coagulant service (a clinic to monitor how well a blood thinning medicine used to prevent heart attacks, strokes and blood clots in veins and arteries is working).

Access to the service

The practice was open between the hours of 8.30am to 1pm on Monday to Friday and from 4.30pm to 6.30pm Monday, Tuesday, Thursday and Friday. The practice closed

on Wednesday afternoons from 1pm. During the day reception closed from 1pm to 4.30pm and the surgery telephone was diverted to Waldoc who were an external emergency telephone service, contracted by the practice. Extended opening hours were provided by the practice on Monday evenings from 6.30pm to 7.15pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the day for patients that needed them. Primecare was the out-of-hours (OOH) service provider when the practice was closed during the evening and at weekends.

GP consulting hours were from 9.30am to 11.50am and 4pm to 7.30pm on Mondays, 8.30am to 12.30pm and 2.30pm to 6pm on Tuesdays, Thursdays and Fridays; and 8.30am to 12.30pm on Wednesdays. The practice had opted out of providing cover to patients during the out of hours period. During this time services were provided by NHS 111 and Primecare.

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.

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 71%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% 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 and they were able to see a GP on the same day.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. 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. For example, complaints procedures were available in the waiting room.

We looked at one complaint received in the last 12 months and found this had been handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends. Documentation viewed showed that action was taken to improve the quality of care. All complaints were discussed at three monthly staff meetings.

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.

- Members of the management team explained that the practice had joined a large group of practices called Modality Partnership in April 2017. Staff explained by joining a larger group of practices they received support to manage their governance arrangements and as a result, systems and processes had been strengthened.
- The practice had a strategy and supporting business plans which reflected the vision and values, with future visions of further expansions. This included a merger with another local practice to combine the practice lists and operate as one practice.
- During our inspection, we saw that staff understood the needs of their population and strived to deliver services, which reflected those needs.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The GP led on all clinical areas with the practice.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained, but the system for clinical coding needed to be more effective to ensure a true reflection of the reviews patients had received. The practice in the absence of a practice nurse had offered patients appointments with the GP for cervical screening and childhood immunisations.
- Practice meetings were held every three months which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- 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 GP and practice manager were the management team at the practice and they demonstrated they had the experience and capability to run the practice and ensure quality care. We were told there was a shortage of staff, but this was to be addressed with the merger of the practice with another local surgery. Staff told us they prioritised safe, high quality and compassionate care.

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

- The practice gave affected people reasonable support 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 demonstrated joint working with other health care providers. Members of the management team provided evidence of a range of multi-disciplinary meetings with district nurses, community mental health nurse to monitor vulnerable patients.
- Staff told us the practice held team meetings every three months and we saw minutes of meetings to confirm that meetings were in place.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about the practice and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff.

- The practice had a patient participation group (PPG). A PPG is a way in which the practice and patients can work together to help improve the quality of the service. Members of the PPG we spoke with explained that the group met on a three monthly basis and we saw

minutes of meetings to confirm this. There were notices in the waiting room encouraging patients to join the group and we saw the next meeting advertised for July 2017.

- The practice told us they had stopped collating Friends and Family test (FFT) feedback as being a small practice, patients had completed feedback on previous appointments.
- The practice had gathered feedback from staff 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.

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 Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Providers must work in partnership with the person, make any reasonable adjustments and provide support to help them understand and make informed decisions about their care and treatment options, including the extent to which they may wish to manage these options themselves.</p> <p>Providers must make sure that they take into account people's capacity and ability to consent, and that either they, or a person lawfully acting on their behalf, must be involved in the planning, management and review of their care and treatment.</p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none">The practice was not following the Gillick guidelines in relation to providing care and treatment for children under the age of 16 years of age. We found that patients under the age of 16 years of age did not have a consultation without the presence of an adult and therefore the GP was unable to ascertain whether the child had the maturity to make decisions without the presence of an adult.