

Dr Choudhary & Singh

Quality Report

Speke Neighbourhood Health Centre
75 South Parade
Liverpool
L24 2SF
Tel: 01512 958810
Website:

Date of inspection visit: 3 February 2016
Date of publication: 20/05/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	10
Background to Dr Choudhary & Singh	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Choudhary & Singh on 3 February 2016. Overall the practice is rated as requires improvement.

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

- Systems were in place to report incidents and significant events but these were not understood by most staff. The practice did not keep a log of all safety incidents or carry out an analysis of the significant events on an annual basis.
- There were arrangements in place to safeguard adults and children.
- Arrangements were in place to keep medicines safe.
- Urgent appointments were available on the day they were requested.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff

received training appropriate to their roles and any further training needs had been identified and planned. Annual appraisals for most but not all staff had been completed.

- Patients care and treatments were monitored, but robust clinical audits were not taking place.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was clean and well maintained.
- Risks to patients were assessed and well managed, with the exception of those relating to the recruitment checks for locum GPs.
- The practice did not have a Patient Participation Group.
- Feedback from patients on the day of the inspection about their care was positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

The areas where the provider must make improvements are:

Summary of findings

- The provider must ensure recruitment arrangements include all necessary employment checks for staff including for the GPs working at the practice and GP locums.

The areas where the provider should make improvement are:

- The systems in place for significant event and incident reporting requires improvement. The provider should ensure all staff have been trained for this and understand the process for reporting such events. Systems should include how lessons are learnt and what actions should be taken when things go wrong.
- A practice risk assessment should be undertaken.
- The provider should monitor the quality of service patients receive by having a robust system of clinical audits in place. The provider should consider how the results of these can be used to monitor and improve patient's outcomes.
- Partners should work together to develop a clear vision, business plan and strategy for the practice with cohesive systems in place to monitor this.
- Efforts should be made to establish a Patient Participation Group (PPG) to provide the practice with real time feedback from patients and the public.
- The systems in place for responding to patient safety alerts should be reviewed. A lead person should be identified for this role to ensure that changes are made to patient care when alert information is received at the practice.
- Arrangements for ensuring all staff receive appropriate appraisals should be reviewed.

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 requiring improvement for providing safe services. The practice did not have robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was no evidence to show they continually reviewed their practice and took account of adverse incidents, near misses that had occurred so that future lapses could be avoided. There was no lead person to manage and ensure staff responded to patient safety alerts and ensured that changes were made to patient care when alert information was received at the practice. The recruitment arrangements for GP locums was not robust and the necessary checks were not undertaken. The practice had processes in place to keep people safe and safeguarded from abuse. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these. There were safe systems in place for the management of medicines.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits were not robustly undertaken or used to promote quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff received a comprehensive induction but annual appraisals had not been completed. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Patients said that access was good. Learning from complaints was

Good



Summary of findings

shared with staff and other stakeholders but information for patients about how to complain was not available. The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

The practice is rated as requiring improving for being well-led. They did not have a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The recruitment of GP locums was not managed safely. A programme of continuous clinical and internal audit was not in place to monitor quality and to make improvements. The practice did not have robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice did not have a Patient Participation Group (PPG). There were practice specific policies and procedures in place, most of these being on-line. The management team had a comprehensive understanding of the performance of the practice, weekly and monthly monitoring meetings took place to monitor this. The partners encouraged a culture of openness and honesty. Staff felt supported and training opportunities were good.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requiring improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Attached to the practice were community matrons and district nurses who work closely with the team managing the patients in the care homes in the area. Flu vaccinations and Pneumonia vaccinations were offered to patients with shingles vaccination for the relevant age groups.

Requires improvement



People with long term conditions

The provider was rated as requiring improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Systematic nurse-led recall systems were in operation along with telephone consultations and home visits for the housebound. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The provider was rated as requiring improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Antenatal, well baby and immunisation clinics ran in conjunction with health visitor and midwife colleagues on a weekly basis with support from a GP. Immunisation rates at the practice were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children

Requires improvement



Summary of findings

and babies. We saw good examples of joint working with midwives, health visitors and school nurses. Contraception and Sexual Health clinics were available for young adults each week on a Monday evening.

Working age people (including those recently retired and students)

The provider was rated as requiring improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Extended hours was available each Monday till 7.30pm.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requiring improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requiring improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. All of the patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice had a good working relationship with the local Mental Health Liaison Nurse, validating the disease registers and providing physical health checks.

Requires improvement



Summary of findings

What people who use the service say

The results from the National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 397 survey forms distributed and 70 were returned, this is a completion rate of 18% and represents 2.8% of the practice patient population. The survey results were at or above the local CCG and national averages. For example;

- 90% found it easy to get through to this surgery by phone, (CCG average of 75%, national average of 73%).
- 91% found the receptionists at this surgery helpful (CCG average 85%, national average 85%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 80% described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 67% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

The practice needs to improve in the following areas:

- 30% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).
- 73% of respondents said y the last GP they saw or spoke to was good at listening to them (CCG average 90%, national average 89%)
- 63% of respondents are satisfied with the surgery's opening hours (CCG average 79%, national average 75%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Positive comments were made about how friendly, caring and supported all staff were and how they had been treated with dignity and compassion. We spoke with five patients during the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

The provider must ensure recruitment arrangements include all necessary employment checks for the GPs working at the practice and GP locums.

Action the service **SHOULD** take to improve

- The systems in place for significant event and incident reporting requires improvement. The provider should ensure all staff have been trained for this and understand the process for reporting such events. Systems should include how lessons are learnt and what actions should be taken when things go wrong.
- A practice risk assessment should be undertaken.

- The provider should monitor the quality of service patients receive by having a robust system of clinical audits in place. The provider should consider how the results of these can be used to monitor and improve patient's outcomes.
- Partners should work together to develop a clear vision, business plan and strategy for the practice with cohesive systems in place to monitor this.
- Efforts should be made to establish a Patient Participation Group (PPG) to provide the practice with real time feedback from patients and the public.

Summary of findings

- The systems in place for responding to patient safety alerts should be reviewed. A lead person should be identified for this role to ensure that changes are made to patient care when alert information is received at the practice.
- Arrangements for ensuring all staff receive appropriate appraisals should be reviewed.

Dr Choudhary & Singh

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 a practice manager specialist adviser.

Background to Dr Choudhary & Singh

Dr Choudhary & Singh is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is a long established GP practice working in the centre of Liverpool in a deprived area of the city. The practice has a General Medical Services (GMS) contract with a registered list size of 2434 patients (at the time of inspection). The practice had a high proportion of patients between the ages of 25-34.

The practice has two GP partners, male and female, a practice nurse and a number of administration and reception staff. The practice operates from 8am to 6.30pm daily. Bookable appointments are available daily. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice offers a range of enhanced services including spirometry, near patient testing, flu and shingles vaccinations, anticoagulant monitoring and joint injections.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 February 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Detailed findings

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

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

- Older people
- People with long-term conditions

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

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. While staff indicated they were engaged with the process there were no reported incidents completed by staff members other than the GPs. Staff we spoke with were unclear what constituted a significant event. Significant events were not logged or reviewed annually. We reviewed safety records and incident reports and found these to lack any detail for the investigations undertaken, the actions taken and the lessons learnt.

We reviewed the process for the receipt of national patient safety alerts. While all staff received these, there was no formal protocol for staff to follow or manager with leadership responsibility to ensure actions were taken as indicated in the safety alert.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and safeguarding training for staff had been completed. All clinicians were trained to Safeguarding level 3.
- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. External annual infection control 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored but there was no system in place to monitor their usage. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four administration personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However there were no GP personnel files available for us to view during the inspection and we could not be assured that the required information was undertaken for GPs. We were told that fitness checks such as proof of identification, references, qualifications, registration with the appropriate professional body were not undertaken for the locum GPs that worked at the practice.
- There were 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

Are services safe?

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises which were held with the building office manager.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place 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, this was scheduled for soon after our inspection. The practice had emergency medicines available in the treatment room.
- The practice had an automated defibrillator and oxygen equipment available on the premises. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 87.5% of the total number of points available, This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- Performance for diabetes assessment and care was generally similar to or slightly above or below the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared to 88% nationally. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 97% compared to 94% nationally.
- Performance for mental health assessment and care was similar to or slightly above the national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% compared to 88% nationally.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was slightly lower at 79% compared to 81% nationally.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 89% which was in line with national results.

Information was routinely gathered for QOF monitoring and this was discussed on a monthly basis by the practice nurse and practice manager. The GPs showed that close monitoring of efforts to reduce the prescribing of anti-biotics over a period of time had moved the practice from being an outlier to within an acceptable range across the CCG and nationally.

Clinical audits were carried out to demonstrate quality improvement but these were not full, completed and repeated audits. Mostly these had been carried out by the medicines management team. For example a review of patients who were on Warfarin medications had been reviewed by the practice with the support of the team and in consultation with the patients some had been encouraged to change to a different anti-coagulant medicine to achieve better control. There was no evidence that this had been shared with all staff working at the practice.

Staff worked with other health and social care services to meet patients' needs. For example, the practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs, quarterly palliative care meetings and bi-monthly meetings with the health visiting service to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, cancer, alcohol and drug misuse, dementia, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 and informal meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work but annual appraisals for all staff had not been completed. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available. 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.

Supporting patients to live healthier lives

The practice provided information to patients via their website and in leaflets and information in the waiting area about the services available. The practice also provided patients with information about other health and social care services such as carers' support. Staff we spoke with were knowledgeable about other services, how to access them and how to direct patients to relevant services.

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were then signposted to the relevant service.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to or slightly above other practices nationally. The practice's uptake for the cervical screening programme was slightly lower at 79% compared

Are services effective?

(for example, treatment is effective)

to 81% nationally. They were aware of this and the practice had a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice

also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service patients experienced. Patients said that reception staff were kind, they were always caring, supportive and helpful. Patient feedback for the GPs and nurses within the comments cards were positive. We spoke with five patients during our inspection who all aligned with these views.

Data from the National GP Patient Survey published in January 2016 showed that patient's responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 89% said the GP gave them enough time (CCG average 93%, national average 92%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

On the day of the inspection patients told us they felt involved in decision making about the care and treatment they received. They told us they did not feel rushed during their appointment and they always felt the doctors listened to them during consultations. Patient feedback on the comment cards we received was also positive about how involved they were in treatment. However data from the National GP Patient Survey January 2016 showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally below local and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Written information was available to direct carers to the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 reviewed and responded to the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:

- The practice offered a comprehensive, discreet and confidential family planning clinic by experienced GPs and practice nurses.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice worked closely with the local Mental Health Trust community liaison worker to meet the needs of patients

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Extended hours were operated each Monday till 7.30pm. Appointments were from 8.30am to 6.30pm daily. In addition to pre-bookable appointments that could be

booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice also had an open access system each morning and patients spoke positively to us about this.

Results from the National GP Patient Survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was slightly higher and lower to local and national averages.

- 81% of patients were satisfied with the practice's opening hours (CCG average of 79%, national average of 75%).
90% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 41% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

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

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Information was not available in the form of a patients complaints leaflet or poster to support patients to make a formal complaint should the need arise. There had been no patients complaints made to the practice over the last 12 months.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice did not have clear visions and values, driven by quality and safety, which were shared with the practice team. There was no formal strategy that had been developed with regular engagement with patients who use the service or practice staff. Partners had not worked together to develop a formal strategy or supporting business plans to monitor the effectiveness of business arrangements. However staff we spoke to were clear about their commitment to provide patients with a positive experience with the best possible outcomes for patients.

Governance arrangements

The practice did not have an overarching governance framework which would support the delivery of a strategy and good quality care. Structures, processes and systems of accountability, including the governance and management of partnerships and joint working arrangements, required improvements to ensure they were understood and effective.

We found there to be a clear staffing structure and staff were aware of their roles and responsibilities. There were practice specific policies and procedures in place, most of these being on-line. The management team had a comprehensive understanding of the performance of the practice, weekly and monthly monitoring meetings took place to monitor this. However, this did not include gathering the views of patients who used the service in the form of a Patient Participation Group (PPG).

There was no effective and comprehensive process in place to identify, understand,

monitor and address current and future risks. Clinical and internal audit processes did not function well and there was no evidence they were having a positive impact in relation to quality governance, with clear evidence of action to resolve concerns. The practice did not have robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was no evidence to show they continually reviewed their practice and took account of adverse incidents, near misses that had occurred so that future

lapses could be avoided. The practice did not have effective recruitment checks in place for the GP locums and they did not routinely ensure that all the fitness checks were completed before commencing work at the practice.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care but they did not have a shared responsibility for this. High quality and compassionate care was prioritised for patients. Staff told us the partners encouraged a culture of openness and honesty and they would not hesitate to raise concerns with either partner. Staff had confidence that concerns would be investigated in a sensitive and confidential manner, and lessons would be shared and acted on. We found that practice staff were not always clear who took leadership roles for important governance areas such as significant event reporting and the recruitment of GP locums.

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

The practice did not have a Patient Participation Group (PPG) and there had been no recent efforts to recruit one. Patients could leave comments and suggestions about the service via the practice website. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.

The practice gathered feedback from staff through meetings and informal discussion. Staff told us they felt able 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.

Continuous improvement

There was a strong 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 offered a comprehensive, discreet and confidential family planning clinic by experienced GPs and practice nurses when family planning clinics were stopped in the local community.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not operate robust recruitment procedures for the recruitment of GP Locums and this included undertaking all the relevant fitness checks for staff. Reg 19 (1) (2) (3) (4)
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	