

Dr Krishnan

Quality Report

Kent Elms Health Centre,
1 Rayleigh Road
Leigh on Sea
Essex
SS9 5UU
Tel: 01702 552012
Website: www.doctorkrishnan.co.uk

Date of inspection visit: 1 June 2017
Date of publication: 06/07/2017

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

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	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Krishnan	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

On 6 January 2016 we carried out a comprehensive inspection at Dr Krishnan. Overall the practice was rated as inadequate and placed in special measures. The practice was found to be inadequate in safe and well-led, requires improvement in effective and good in responsive and caring.

As a result of that inspection we issued the practice with a requirement notice in relation to risks to patient safety not been assessed and managed appropriately, the governance at the practice, staff training and recruitment. The issues of concern related to the lack of health and safety risk assessments in place and clinical equipment that had not been calibrated since 2013. There was no system for ensuring staff were registered with their professional body and a lack of system for reviewing test results and recording appropriately in patient records. Not all staff had undertaken training in respect of their roles and responsibilities and appropriate checks had not been carried out when employing staff.

The practice submitted further information following the inspection that assured us that the risks identified at the practice on the day of the inspection had been considerably reduced.

We then carried out an announced comprehensive inspection at Dr Krishnan on 1 June 2017. Overall the practice is rated as good.

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

- Risks to staff and patients had been assessed and managed appropriately. The practice had completed all actions from the inspection in January 2016.
- Staff had received training that was specific to their roles and the practice manager had a matrix that showed the training completed and when it was due for renewal.
- Appropriate checks were carried out as to the fitness of staff to practice and all staff had current and effective registrations with their professional body. All

Summary of findings

relevant staff had received a disclosure and barring service check prior to employment or had a risk assessment in place detailing the reasons why for the staff that had recently commenced employment.

- There was an effective system for assessing and monitoring the quality and safety of services provided.
- Staff carrying out chaperone duties had received training and a disclosure and barring service check was in place.
- There was sufficient and appropriate equipment for use in the treatment of patients, including in the event of a medical emergency and the equipment was calibrated to ensure it was working correctly.
- There was a comprehensive business continuity plan in place in the event of an emergency taking place that disrupted the services to patients.
- There was an ongoing programme of clinical audit that demonstrated quality improvement.
- Practice policies and procedures had been reviewed to ensure that they were up to date and practice specific.
- Prescriptions were stored securely however on the day of inspection were not tracked through the practice. The practice said that they would ensure this was completed.
- The practice held regular multi-disciplinary team meetings in addition to coordinated care through the patient record system.
- Data from the national GP patient survey showed patients reported high levels of satisfaction with the practice nursing team and had trust and confidence in their GPs.
- Carers were identified and supported to access services and receive appropriate vaccinations.
- The practice had an effective patient participation group and meetings showed how the practice had listened and responded to patient feedback.

- Staff were able to recognise and reported significant incidents. These were investigated and lessons learnt identified and shared during clinical and practice management meetings attended by all staff.
- The practice was clean and tidy and staff had reviewed infection prevention control and cleaning policies.
- The practice manager had a log of all risk assessments and other tasks such as calibration and electrical testing documented on a log. This was colour coded and as they approached the date due the colour changed from green, to amber, to red.
- Medicines were appropriately stored and monitored and we saw evidence to support this.
- Patient safety and medicine alerts were shared amongst the clinical team and consistently actioned and a record and log was maintained.

Actions the practice should take to improve:

- Ensure all blank prescriptions are handled in accordance with national guidance and tracked accordingly.
- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 good for providing safe services.

- Staff were able to recognise and reported significant incidents. These were investigated and lessons learnt identified and shared during clinical and practice management meetings attended by all staff.
- The practice had improved all areas that were highlighted at the inspection in January 2016. The practice was clean and tidy and staff had reviewed infection prevention control and cleaning policies.
- The practice manager had a log of all risk assessments and other tasks such as calibration and electrical testing documented on a log. This was colour coded and as they approached the date due the colour changed from green, to amber, to red. This was also flagged by an email as a reminder to the practice manager.
- The practice had purchased a defibrillator and staff had completed training to be able to use it.
- Medicines were appropriately stored and monitored and we saw evidence to support this.
- Patient safety and medicine alerts were shared amongst the clinical team and consistently actioned and a record and log was maintained.
- A business continuity plan was in place that included contact numbers of staff and their next of kin.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance and used this to refer and to plan audits.
- Clinical audits demonstrated quality improvement and the practice had a documented plan for audits for the next year.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice also had a carer's protocol which documented support for carers by the practice, such as appointments to be prioritised and times to enable them to fit in with their caring role.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice offered extended hours on a Monday evening and a Tuesday morning for working patients who could not attend during normal opening hours.
- Patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them however one of the patients we spoke with said that they struggled to get an appointment before work. The practice had a commuter's clinic in place which was popular.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders where applicable.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The mission statement was displayed within the practice.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. We saw evidence of sheets signed by staff to show that they had read and understood the policies.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice manager had full oversight of risks and all staff within the practice were aware of the need for identifying and recording significant events to identify potential risks.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Longer appointments were available for older people if required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with their admission avoidance patients with a multi-disciplinary approach.
- Patients were referred to local services in the area. For example, the falls clinic and a day assessment unit.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff performed diabetic foot checks, spirometry and peak flow assessments.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- 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 A&E attendances.
- The practice followed up child missed appointments and flagged these for the reception staff to contact the patient and to the GP to follow up when they had any concerns.

Good



Summary of findings

- Immunisation rates were high for all standard childhood immunisations.
- The practice offered contraceptive advice for patients.
- The practice promoted the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average and the national average of 81%.

Working age people (including those recently retired and students)

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

- The needs of 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 offered two extended hours surgeries per week, Tuesday morning and Monday evening.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone appointments were available with the GP or nursing team.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The practice's data showed 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 81% and national average of 84%.
- The practice was comparable to the CCG and national average for their management of patients with poor mental health. For example, 91% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months compared with the CCG average of 84% and 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 with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for patients with dementia and provided home visits for those unable to attend.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Carers were highlighted on their patient record and offered appropriate vaccinations and health checks.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 229 survey forms were distributed and 106 were returned. This represented a response rate of 46%.

- 90% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 100% of patients said the last appointment they got was convenient. This was better than the local average of 90% and the national average of 92%.
- 91% of patients described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 39 comment cards which were positive about the service experienced. Patients told us staff were caring and friendly. Two of the comments whilst positive, the patients said that there were times when it was difficult to get an appointment.

We spoke with two members of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the staff and how caring and attentive they were. This was supported in the conversations we held with two other patients we spoke to on the day. Comment cards highlighted that staff were professional and responded compassionately when they needed help.

We spoke with four patients during the inspection. All patients said they were happy with the care they received although one mentioned that it was hard at times to get an appointment outside of working hours. They thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all blank prescriptions are handled in accordance with national guidance and tracked accordingly.
- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

Dr Krishnan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and supported by a second CQC Inspector and a GP specialist adviser.

Background to Dr Krishnan

Dr Krishnan is located in Kent Elms Health Centre just off the A127 in Leigh on Sea, Essex. The practice provides services for 4948 patients.

- The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group.
- The practice is managed by three GP partners who hold financial and managerial responsibility.
- The practice employs one salaried GP. In total three male and one female GPs work at the practice. In addition the practice employs one practice nurse, one practice nurse prescriber and health care assistant (HCA), a practice manager, and a team of reception and administrative staff.
- The practice is open between 8am and 6.30pm on Monday to Friday with late evening opening up to 8pm on Mondays and early morning appointments Tuesdays from 7am.
- The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

- The practice has a comprehensive website providing details of services and support agencies patient may find useful to access.

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 1 June 2017. During our visit we:

- Spoke with a range of staff (practice manager, GPs, practice nurse and reception team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

Detailed findings

- 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 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

What we found at our previous inspection in January 2016

The practice was rated as inadequate for providing safe services. We found that infection control policies were not consistently followed, some areas of the practice were visibly dusty. There were no cleaning schedules to demonstrate cleaning tasks. The infection control audit that had been completed was not detailed and areas for improvement had not been identified. Improvements required following the fire risk assessment had not been made and clinical and diagnostic equipment had not been calibrated since 2013. Staff recruitment did not include appropriate checks such as Disclosure and Barring Services (DBS) and there were no risk assessments in place to determine that these checks were not required. Staff had not undertaken training in areas such as infection control, safeguarding and basic life support. Medicines were not managed safely. There were no procedures in place for ensuring that medicines such as vaccines, which require refrigeration, were stored appropriately. The fridge temperatures were not monitored correctly. We saw that prescriptions were not always stored securely and there were no records to track these so as to minimise the risk of misuse. The practice did not have procedures for staff to follow in the event of a medical emergency. There was no oxygen or Automated External Defibrillator (AED) to treat patients in the event of a medical emergency. There was no business continuity plan available in the event of situations which could disrupt the running of the practice such as power failure.

What we found at this inspection in June 2017

Safe track record and learning

There was an effective 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 sample of significant events that we reviewed we saw that the practice was open and transparent and that staff from all areas of the practice were reporting and learning from significant events. There had been 11 significant events reported in the last year. These ranged from forms being completed incorrectly, to problems with test results received.
- We reviewed three incidents that had been reported. One was a patient confidentiality incident, one a cold chain issue and one relating to a pathology report for a patient not at this practice. We saw that actions, learning and follow up was clearly documented.
- Each significant event had action taken, followed up and learning points cascaded to staff. Following significant events we saw that actions had been completed. For example, an incident had been reported following a patient that was given the wrong advice regarding the contraceptive pill. Following this we found that the protocol had been updated and it was discussed in a practice meeting.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw from significant events that patients were contacted when applicable.
- We viewed minutes of practice meetings where these were discussed with the team and staff we spoke with were able to talk about significant events that had been reviewed or that they had completed.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. We saw that the practice had a folder of all safety alerts that had been received and a log that documented the date received and any action taken if applicable to the practice. The practice produced evidence of searches already conducted in response to the alerts received.

Overview of safety systems and processes

Are services safe?

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. The practice had the contact details for safeguarding referrals available in each consulting room as well as in the policy. We were shown how the practice staff could easily access this information from any computer in the practice on the shared drive. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two as appropriate to their role.
- The practice told us that children that missed any appointments were contacted routinely and if necessary these were then forwarded to the GP for review.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- The previous inspection noted that the practice was visibly dusty. This was not the case at this inspection. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The nursing staff had schedules for their own cleaning of the consulting rooms and their equipment.
- One of the partners was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had

received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had an external company complete a full IPC audit following the last inspection. This had highlighted actions to be taken which had formed an IPC audit report. We saw from this that actions had been completed such as cleaning schedules implemented and new fridge purchased for the storage of vaccines.

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. We viewed a sample of records from searches of patients that were prescribed a high risk medicine and saw that reviews and monitoring was in place for these patients. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The practice were removing the pads from the printer each evening and replacing them in the morning. However, ongoing plans were to have printer locks fitted. The practice had not been tracking the prescriptions serial numbers. However we were told by the practice manager that this would be put in place immediately.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice had purchased a new fridge for the storing of medicines and vaccines. We found that there was a cold chain policy in place and staff could explain the process that they would take should the temperature of the fridge be out of range. We saw evidence that the fridge temperatures were checked daily and that any concerns were documented and significant events completed were appropriate.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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. Staff that had recently commenced employment had applied for a DBS. There were documented risk assessments in place for these staff whilst waiting for the DBS.

Monitoring risks to patients

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

- Risks to patients were assessed and well managed.
- There was a health and safety policy available and a risk assessment had been completed in May 2017 that was practice specific.
- The practice had an up to date fire risk assessment which was completed in April 2017 and this had identified risks and actions which had been completed. For example, installation of battery powered call point devices had been highlighted and then fitted by the fire company. We saw that there were designated fire marshals within the practice. The practice had annual fire drills and we saw that the fire equipment was tested each month.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice manager had a log of all risk assessments and other tasks such as calibration and electrical testing

documented on a log. This was colour coded and as they approached the date due the colour changed from green, to amber, to red. This was also flagged by an email as a reminder to the practice manager.

- 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 purchased a defibrillator which was available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. There was a list on top of the box which detailed what was in each box with guidelines and usage.
- 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. The plan also included the emergency contact numbers for the next of kin of all staff.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in January 2016

The practice was rated as requires improvement for providing effective services. The practice did not routinely review its performance or carry out clinical audits to make improvements as needed. Patients test results which were received electronically had not been saved to patients records since May 2015. This meant that patient records did not accurately reflect the results of tests including blood tests and smear tests even when these indicated abnormalities. GPs told us that there had been a failure within the electronic patient record system and that these results could not be saved. They said that all results had been reviewed and appropriate action taken. However patient records did not always include details or the test result and what action was taken as a result of these. Staff training was inconsistent and the practice acknowledged that improvements were needed in this area. Appropriate checks were not carried out to ensure that all clinical staff working within the practice had an effective registration with their professional body.

What we found at this inspection in June 2017

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. We saw evidence of folders on the shared drive where staff could access NICE guidance.
- The practice were planning to sign up the practice manager to the NICE website so that updates would come to the practice and the practice manager could disseminate and store them.
- 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). QOF data for 2015/2016 showed the practice achieved 95% of the total number of points available. Their exception reporting was 6.5% which was below the local average of 8.8% and the national average of 9.8%. (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). Unverified data for 2016/17 showed that the practice had achieved 97% of the total number of points available. Their exception reporting for 2016/17 had decreased to 5.9%.

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 higher compared to the CCG and national averages. For example, The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 86% compared to CCG 89% and national average 91%. Exception reporting in this indicator was 1.6% which was below the CCG average 4.4% and national average 5.5%.
- Performance for stroke related indicators were higher compared to the CCG and national averages. For example, The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 93% compared with 86% CCG average and 88% national average. Exception reporting in this indicator was 2.4% compared with 3.7% CCG average and 4.4% nationally.
- Performance for mental health related indicators was higher compared to the CCG and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record in the preceding 12 months was 91% compared with CCG average of 84% and national average of 89%. Exception reporting in this indicator was 11.5% compared with 10.3% CCG average and 12.7% nationally.

Are services effective?

(for example, treatment is effective)

Unverified data for these indicators showed continuous improvement in 2016/17:

- Performance for diabetes related indicators was 92%. Exception reporting was 6.1%.
- Performance for stroke related indicators was 96%. Exception reporting was 5.9%.
- Performance for mental health related indicators was 85%. Exception reporting was 7.4%.

There was evidence of quality improvement including clinical audit:

- There had been numerous clinical audits commenced in the last year, three of these that we reviewed were completed audits where the improvements identified had been implemented and monitored.
- One of the audits was relating to NICE guidance, one was to improve patient safety regarding the contraceptive pill and one in relation to monitoring of a medicine for behavioural disorders. Findings were used by the practice to improve services. For example, recent action taken as a result included repeat prescriptions were amended, review dates were changed and patients were contacted to discuss and change to different medicines were recommended.

The practice had introduced an audit program. The plan identified four audits for the year 2017/18 and with the first cycle to be completed by December 2017.

Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience 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 had undertaken appraisals on one month following appointment to highlight any areas that needed further training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice manager had a matrix that identified staff training.
- 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. Nurses attended meetings with colleagues in the area to discuss any concerns and share best practice.

- 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, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The matrix that the practice manager used highlighted if there were any gaps or if anyone's training was due to be updated.
- The practice attended time to learn events that were led by the CCG. These meetings were used for training sessions on different topics throughout the year. We saw that the agenda for the next event was advertised in the staff area so that everyone was aware.
- The practice manager had documented checks of registration with staffs professional bodies and indemnity was in place for those staff that required it.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of three 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

Are services effective?

(for example, treatment is effective)

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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. We reviewed the meeting minutes and found both had been well attended, discussions appropriately documented and actions reviewed and closed.

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

The practice had revised the appropriateness of their systems to ensure the timely sharing of information via their patient record system. The practice had a protocol in place for managing pathology and test results from the previous inspection. The practice manager checked the pathology inbox daily and assigned any results that had not been assigned to a GP. We viewed the pathology results and saw that these had all been actioned appropriately and in a timely manner.

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 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.
- Patients were provided practical advice and signposted to the relevant service

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average and the national average of 81%.

Childhood immunisation rates for the vaccinations given were above the standard 90%. For example;

- The practice achieved 94% for the percentage of children aged one year with full course of recommended vaccines.
- The practice had achieved 97% of appropriate vaccinations for children aged two years of age.
- The practice had achieved between 96% and 100% of appropriate vaccinations for children aged five years of age.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information on the internet in different languages. They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and were in line with national and CCG averages for these. For example, data from the National Cancer Intelligence Network (2015/16) showed the practice uptake for screening patients aged 60-69 years of age for bowel cancer within 6 months of their invitation was comparable to the local and national average achieving 52% as opposed to 50% locally or 55% nationally. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme. The practice were looking at ways they could ensure the practice followed up women who were referred as a result of abnormal results.

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

What we found at our previous inspection in January 2016

The practice was rated as good for providing caring services. Data from the national patient survey showed patients rated the practice higher than other practices within their CCG. Patients who we spoke with during the inspection told us their treatment was always explained to them in a way that they could understand. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

What we found at this inspection in June 2017

Kindness, dignity, respect and compassion

We found that staff members were welcoming and 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew their patients and were sensitive to issues. When requested by a patient or if a patient 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 told us staff were caring and friendly. Two of the comments whilst positive said that there were times when it was difficult to get an appointment.

We spoke with two members of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the staff and how caring and attentive they were. This was supported in the conversations we held with two other patients we spoke to on the day. Comment cards highlighted that staff were professional and responded compassionately when they needed help.

Results from the national GP patient survey, published in July 2016 showed patients reported high levels of satisfaction with the nursing team and confidence and trust in their GPs. For example:

- 86% of patients said the GP was good at listening to them this was the same as the local average of 84% but below the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the local average of 82% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the local average of 92% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 80% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.

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 supported by staff and said that staff listened to their needs and tried to accommodate requests. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, July 2016, showed patients reported high levels of satisfaction with the clinical team. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 81% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 76% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 86% and national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice also had a hearing loop installed at the practice.

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's computer system enabled the GPs to know if a patient was also a carer. The practice had identified 49 carers (1% of their patient list). The practice felt that this was a coding issue and that they had more carers on their list. One of the things that the practice had already

identified as an area for improvement was carers. They had spoken with a support group to see if they were able to attend the practice and were looking at other ways to provide support. The new patient checklist asked patients if they were a carer or if they had a carer. The practice had a notice board in the waiting area dedicated to carers and the support that could be accessed locally. The practice also had a carer's protocol which documented support for carers by the practice, such as appointments to be prioritised and times to enable them to fit in with their caring role. In addition to this the practice would provide health checks and flu vaccinations to those patients that identified as carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer an appointment. Staff were also informed of the death and patient records updated.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in January 2016

The practice was rated as good for providing responsive services. Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Each of the six patients we spoke with told us that they were happy with the appointment system and that they could access appointments when needed.

What we found at this inspection in June 2017

Responding to and meeting people's needs

The practice provided a range of access arrangements to meet the needs of its local population. For example;

- The practice offered extended hours on a Monday evening and a Tuesday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice offered face and telephone appointments. Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and reviews.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- The practice offered joint injections.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with late evening appointments to 8pm on Mondays and early morning appointments on Tuesdays from 7am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the local average 74% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the local average 71% national average of 73%.
- 87% of patients described the experience of making an appointment as good; this was above the local average of 71% and the same as the national average of 73%.
- 100% of patients told us that the last appointment they got was convenient. This was above the local average of 90% and national average of 92%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them however one of the patients we spoke with said that they struggled to get an appointment before work. The practice had a commuter's clinic in place which was popular.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had a desk aid that all reception staff had access to. This had different sections and processes to follow. For example, receiving a call regarding death of a patient at home, dealing with requests for repeat medication that cannot be issued due to review date, stroke action plan, heart attack action plan, calls for home visits and how to deal with telephone calls. This was put together by the practice so that staff were all following the same process and so that staff knew what to do in the event of an emergency. Staff we spoke with at reception told us how this had been used on occasion for dealing with patients that had chest pains and how it helped them to have the aid to follow.

Nursing staff were looking to develop a similar aid for their processes and protocols.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

- 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. There was a poster in reception and a leaflet available which told patients how to complain. The leaflet was entitled, listening, responding and improving and also explained how to voice appreciation as well as complaints.

We looked at three complaints received in the last 12 months and found that they were all handled satisfactorily and in line with the practice policy. There was a log sheet completed for all complaints which documented response dates, investigations and outcome. We viewed practice minutes and saw that in the April and May 2017 meetings complaints were discussed and learning was implemented and shared.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in January 2016

The practice was rated as inadequate for being well led. Not all policies and procedures in place were practice specific and did not reflect how the practice was managed. There was a lack of governance at the practice and the leadership was ineffective in many areas. There were insufficient procedures in place for assessing, monitoring and improving the quality of services provided and for assessing and mitigating risk. Risks associated with the premises, equipment, fire safety, infection control, training, recruitment, business continuity, managing test results and medicines were not assessed and appropriate actions taken to mitigate these. Staff did not have access to appropriate policies, procedures or guidance in order to achieve the practice aims and objectives.

What we found at this inspection in June 2017

Vision and strategy

The practice had a clear vision and ethos, which was described in their Statement of Purpose. Staff were clear about the vision and their responsibilities in relation to this. The mission statement was 'to improve the health, wellbeing and lives of those we care for' and was displayed within the practice.

Governance arrangements

As a result of the inspection findings in January 2016 the practice had worked to improve on all areas highlighted and to use this as a starting block to build on.

Changes in staffing had been made as a new practice manager was in post and a new partner had joined since the previous inspection. The practice had utilised help offered by the CCG and NHSE to improve on the service that they provided. 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 that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. We saw evidence of sheets signed by staff to show that they had read and understood the policies.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical meetings were held weekly and nurse meetings monthly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice manager had full oversight of risks and all staff within the practice were aware of the need for identifying and recording significant events to identify potential risks.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- Risks associated with the premises, equipment, fire safety, infection control, training, recruitment, business continuity, managing test results and medicines had all been assessed and actions had been taken.
- New processes and guidelines were embedded.

Leadership and culture

On the day of inspection we found improvements had been made throughout the practice to deliver accessible and quality care. The practice had taken on board the outcome of the previous inspection. They told us they wished to use the inspections to learn and improve and that the outcome of this inspection would then focus them on any further areas to improve. The management in the practice were open to continued improvement and had a good learning attitude to continually improve.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff were confident and felt supported in raising concerns with the practice manager. The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate.

Are services well-led?

Good 

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been instrumental in the introduction of the text messaging service for patients appointments.

• The NHS Friends and Family test, complaints and compliments received.

- Comments left on NHS choices, which were responded to by the practice.
- Staff through annual appraisals and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had worked alongside the CCG and NHSE following their inspection in January 2016. They had also enlisted the help of the Royal College of General Practitioners to develop the practice and to improve the processes and procedures.

One of the partners was a GP appraiser and another was involved in teaching students at another practice.

The practice compared themselves to other practices in the area for benchmarking for example with the GP patient survey data. The practice five year plan demonstrated the need for building on foundations and the strategy we saw was regularly monitored in documented meetings. The ongoing plans were to establish and maintain a good practice for the future of the patients.