

Dr Ajit Pratap Mehrotra

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ajit Pratap Mehrotra on 13 January 2016. Overall the practice is rated as inadequate.

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

- Not all incidents and significant events had been reported and investigated.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. However, staff had not been provided with up to date mandatory training.
- There was no single patient record system as the practice used a combination of electronic and paper clinical records.
- Controlled drugs were stored securely and accurate records kept from 2016. However there were gaps in previous records.

- Risks to patients were not assessed and well managed. For example, health and safety and legionella risk assessments had not been undertaken.
- Information about services and how to complain was available and easy to understand.
- Data showed patient outcomes were varied compared to the locality and nationally.
- Although some themed reviews had been undertaken, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Data from the national GP patient survey showed 100% said they found the receptionists at the practice helpful.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity, but some were out of date and it was evident some policies were not being implemented by the practice.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Establish governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that staff have up to date professional registration and indemnity.
- Provide staff with appropriate up to date practice specific policies to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and local CCG.
- Ensure that staff participate in mandatory training.
- Securely maintain accurate, complete and contemporaneous patient records.
- Ensure there is a process in place for undertaking criminal record checks at the appropriate level for clinical staff.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.

- Ensure quality improvement activities such as clinical audits are undertaken to improve patient outcomes.
- Ensure staff who act as chaperones receive training and understand the role.
- Ensure confidential waste is stored securely for disposal.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services.

- When there were unintended or unexpected safety incidents, lessons learned were not communicated widely enough to support improvement. Not all incidents were reported and investigated.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We saw evidence that these had been correctly followed.
- Controlled drugs were stored securely. However, documentation for the controlled drugs was incorrect. The correct documentation was found and submitted to us after the inspection.
- Risks to patients who used services were not assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, Health & Safety, Control of Substances Hazardous to Health (COSHH), fire safety and legionella risk assessments had not been undertaken.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services.

- There was no single patient record system as the practice used a combination of electronic and paper clinical records. We found discrepancies between the two systems.
- Data from the Quality and Outcomes Framework showed patient outcomes at this practice were variable compared to other practices in the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Themed patient reviews had been undertaken which reflected the areas where the practice was identified as an outlier. However, clinical audits were limited and not completed 2 cycle audits.
- Staff had the professional skills, knowledge and experience to deliver effective care and treatment. However, mandatory training was not up to date.
- There was evidence of appraisals and personal development plans for all staff.

Inadequate



Summary of findings

- Staff worked with multidisciplinary teams 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. For example, 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed 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, staff attended CCG and practice cluster meetings. The practice worked with a care co-ordinator and engaged with the medicines management team and had improved prescribing in line with guidelines.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of access. For example, 100% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- Patients could access appointments and services in a way and at a time that suits them. For example, the practice offered telephone consultations, open access and evening sessions.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand

Good



Summary of findings

Are services well-led?

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

- The practice did not have a clear vision and strategy. Business Continuity plans were insufficient.
- The practice did not have an overview of staff training or the professional registration status of staff. Arrangements were not in place to keep staff mandatory training up to date.
- The practice did not have consistent repeat prescribing protocols.
- There was no single patient record system, staff used a combination of electronic and paper records.
- Medicines management policies and procedures were insufficient. There were insufficient records for the controlled drugs held by the practice.
- Staff were clear about their job roles and responsibilities.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents. However, information and learning from incidents was not shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- All staff received regular appraisals.
- The practice did not hold regular documented practice governance meetings. Issues were discussed at ad-hoc meetings or raised in a diary held in reception.

Inadequate



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 inadequate for the care of older people.

The provider was rated as inadequate for safety, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 69% which was slightly lower than the national average of 73%.
- Older people had care plans where necessary
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. 86% of patients with rheumatoid arthritis, on the register, had a face-to-face annual review in the preceding 12 months compared to the CCG average of 90% and the national average of 91%.

Inadequate



People with long term conditions

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

The provider was rated as inadequate for safety, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, 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. Patients discharged from hospital were contacted by the practice to identify needs. For example, medications or review appointments.
- A practice nurse was the diabetic lead. Over ninety percent of patients with diabetes, on the register, had a record of a foot examination and risk classification compared to the CCG average of 89% and the national average of 88%

Inadequate



Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

The provider was rated as inadequate for safety, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, 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, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 80% of patients with asthma, who were on the register, had received an asthma review in the preceding 12 months compared to the CCG average of 79% and the national average of 75%
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 81% of women aged 25 to 64 had a cervical screening test recorded in the preceding five years compared to the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, local palliative care nurses, health visitors and school nurses.

Inadequate



Working age people (including those recently retired and students)

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

The provider was rated as inadequate for safety, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

Inadequate



Summary of findings

- 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 reflects the needs for this age group.
- Evening open access clinics were available to working people

People whose circumstances may make them vulnerable

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

The provider was rated as inadequate for safety, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, 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.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Inadequate



People experiencing poor mental health (including people with dementia)

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

The provider was rated as inadequate for safety, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, examples of good practice:

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly below the national average of 84%.

Inadequate



Summary of findings

- 71% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to the CCG average of 89% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. For example, local carer and Alzheimers support groups
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was a registered Dementia Friendly location. Staff had received training to understand the needs of patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with local and national averages. A total of 308 survey forms were distributed and 100 were returned giving a response rate of 32%. This represented 5% of the practice's patient population.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 96% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients commented that staff were polite, helpful and listened to patients. they could get appointments easily and liked the open access service, these views aligned with the findings of the national survey.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received, found it easy to make appointments and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Establish governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that staff have up to date professional registration and indemnity.
- Provide staff with appropriate up to date practice specific policies to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice and local CCG.
- Ensure that staff participate in mandatory training.
- Securely maintain accurate, complete and contemporaneous patient records.
- Ensure there is a process in place for undertaking criminal record checks at the appropriate level for clinical staff.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure quality improvement activities such as clinical audits are undertaken to improve patient outcomes.
- Ensure staff who act as chaperones receive training and understand the role.
- Ensure confidential waste is stored securely for disposal.

Dr Ajit Pratap Mehrotra

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 nurse specialist adviser.

Background to Dr Ajit Pratap Mehrotra

Dr Ajit Pratap Mehrotra provides primary care services to 2008 patients under a Personal Medical Service Contract. The surgery is also known as Windsor Medical Centre.

The practice is located in purpose built premises with all patient services at ground level, there is wheelchair access and parking for staff and patients.

The majority of patients live within a three mile radius of the practice. The area is in the fourth most deprived decile. Twenty three per cent of patients are from black and minority ethnic (BME) populations and 6% of patients claim disability living allowance.

There are two GPs, one male and one female, two female practice nurses, a female nurse prescriber, a practice manager and an administrative team.

The practice is open between 8.30am and 6.30pm Mondays, Tuesdays, Wednesdays and Fridays.

Appointments are from 8.45am and 11.45am every morning and 4pm to 6pm Monday, Tuesday and Friday. 2.30pm to 4.15pm Wednesday. The practice is closed from 3pm on Thursday afternoons, cover is provided by a neighbouring GP practice. Extended surgery hours are offered from 6.30pm to 7.30pm on Tuesdays and Fridays.

Between 8am and 8.30am staff could contact the GPs by mobile telephone if necessary.

Out of hours services are provided by Local Care Direct and NHS 111

Why we carried out this inspection

We inspected this service as part of our 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 January 2016. During our visit we:

- Spoke with a range of staff including GPs, a nurse and administrative staff and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- 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?
- 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

Safe track record and learning

There was system in place for reporting and recording significant events and we saw evidence of events that were investigated and discussed with staff. However, staff discussed other events that were resolved appropriately but were not recorded as significant events and therefore discussion or learning did not occur. For example, a patient who had collapsed in the surgery and a vaccine fridge failure. A review of significant events had not been carried out to identify themes and trends.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, alerts were received and logged on the computer system and waste segregation was improved in response to an incident where an inappropriate item was found in the clinical waste.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 all had received training relevant to their role. GPs were trained to Safeguarding level three and we saw evidence that correct procedures had been followed.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had received in-house training for the role from the clinicians in the practice. However, not all staff understood their responsibilities when undertaking the role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, we saw that one room where patients could take their own blood pressure readings using a machine, to support self management was used as a store room. We noted the door would not open fully due to the items stored on the floor. The practice manager was the infection prevention and control (IPC) clinical lead who consulted the local CCG intranet site to keep up to date with best practice. There was an IPC protocol in place. Staff had not received up to date training. IPC audits were not undertaken annually. The last audit was 2013 and scored 88%. We saw evidence that effective action was taken to address any improvements identified as a result. The practice completed and sent us an infection control audit and action plan after the inspection.
- 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 North Kirklees CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and we saw there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found some recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, clinical staff had not received the appropriate checks through the Disclosure and Barring Service (DBS) (DBS checks identify whether a person has a criminal record or is on

Are services safe?

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 manager gave assurance that new staff members would be assessed for a DBS check in line with the recruitment policy. References were not available and whilst we checked clinical staff had up to date professional registration and indemnity the information in their files was not up to date. The practice had not ensured that all staff had the appropriate medical indemnity. Evidence of indemnity was requested from staff members and provided after the inspection.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- On the day of the inspection we observed a large open sack of confidential waste including prescriptions and patient letters had been placed in the room where patients were left alone to check their blood pressure. Staff told us it was normally kept in the office and had been moved that day to accommodate our team. After the inspection the practice manager sent us evidence that a permanent secure confidential waste unit would be provided.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- There were insufficient procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy dated 2013. A health and safety poster was displayed which identified local health and safety representatives. The practice did not have documented up to date fire risk assessments. However, The practice had installed emergency lighting and exit signage. Fire alarm system testing and drills were carried out and documented. Staff could describe the action to take in the event of a fire. The practice took immediate action and undertook a fire risk assessment after the inspection.
- All 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 not undertaken 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). We saw evidence that the practice arranged a legionella risk assessment after the inspection.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had satisfactory 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 had received annual basic life support training in 2014 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were 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 fit for use. We observed that emergency medicines, oxygen and equipment were not stored together which could delay access to them in an emergency. The practice gave assurance that the arrangements for the storage of emergency medicines and equipment would be reviewed.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. From the plan it was not clear what staff should do in the event of an emergency. The practice reviewed the continuity plan immediately after the inspection and a new document was produced which included actions to be taken in the event of an emergency and appropriate contact information.

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 attended CCG updates and 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 82% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for three QOF clinical targets.

Data from 2014/15 showed;

- The practice had a specialist diabetic nurse who offered diabetic support and health checks. Ninety per cent of patients with diabetes, on the register, had a record of a foot examination and risk classification compared to the CCG average of 89% and the national average of 88%. Ninety nine per cent of patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 August to 31 March compared to the CCG and national averages of 95%.
- Performance for mental health related indicators was below the CCG and national average. Seventy one per cent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to the CCG average of 89% and the national average of 88%.

The practice was identified as an outlier for atrial fibrillation, chronic obstructive pulmonary disease (COPD) and mental health. The practice had undertaken themed reviews and discussed case studies in these areas.

There were limited attempts to audit outcomes for patients.

- There had been three clinical audits completed in the last two years. However none of these were completed two cycle audits where an initial audit is undertaken, change implemented then re-audited to demonstrate improvement. We noted that one of the audits stated that the clinical records made it very difficult to perform the audit. We saw evidence that the audits and themed reviews were discussed at multi-disciplinary meetings and joint decisions taken.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice engaged with the CCG medicines management team to audit prescribing. Inappropriate prescribing of some medications had been reduced in line with local guidelines. For example, the practice had successfully reduced the overall prescribing of benzodiazepines by 35% in the previous year. Benzodiazepines are a group of medicines that can be used to help with severe sleeping difficulties or anxiety.

Effective staffing

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 could demonstrate 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 and local practice meetings.
- Role specific learning needs of staff were identified through a system of appraisals and meetings. Staff had

Are services effective?

(for example, treatment is effective)

access to appropriate training to meet their clinical learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an appraisal within the last 12 months. However, mandatory training was out of date. We saw evidence that staff had received training in safeguarding and basic life support in 2014. Training in fire safety, infection prevention and control were overdue. The practice manager explained that unavoidable staff absence had affected the capacity to ensure that staff received training and gave assurance that up to date training would be provided.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. For example, clinical records were not comprehensive, coherent and current. A combination of paper and electronic patient records were used by the practice and we saw inconsistencies in the recording of consultations. We reviewed two patient records and noted there were inconsistencies between the paper records and the computer system. A GP explained that his notes were made available to the other clinical staff in the practice who used the electronic system. However, we observed the handwriting in the records to be difficult to read.

The practice did not always share relevant information with other services in a timely way. For example, when referring patients to the care co-ordinator and other services. We reviewed the electronic records of a patient who had recently attended the practice and local out of hours services. We observed clinical entries on the patient's electronic record were made by out of hours staff, we could not see any entries that were made by the practice.

The practice referred patients to the CCG care co-ordinator who helped patients to access health and social care services. We saw evidence that multi-disciplinary team meetings included the local palliative care nurses and took place on a monthly basis. 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 and documented 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.

- 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. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a practice nurse. One hundred per cent of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months compared to the CCG and national averages of average of 87%.
- The practice's uptake for the cervical screening programme was 81% which was an increase of 4% from the previous year and comparable to the CCG and national averages of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100%. Immunisation rates for five year olds were 100%.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 69% which was below the national average of 73%. Flu vaccination for at risk groups was 51% which was above the national average of 49%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had a number of staff members who had worked at the practice for over ten years. Staff had built excellent relationships with patients and their families.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service, they valued the open access clinic and said staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice did not have a patient participation group. Staff told us that plans and services were discussed with regular patients when they attended the surgery.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 87%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 100% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

The views of patients we spoke to and comment cards aligned with these results.

Care planning and involvement in decisions about care and treatment

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and patient leaflets were available in different languages.

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. For example, local safeguarding, carer and Alzheimers support groups.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice could refer these patients to the care co-ordinator for additional support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy

card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Staff informed us they had also attended the funerals of patients to show their respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed 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.

- The practice offered an open access 'Commuter's Clinic' on a Tuesday and Friday evening until 7.30pm for working patients who could not attend during normal opening hours. Staff told us that patients were not turned away from this service and the GP frequently worked later than specified in appointment times to ensure all patients who attended were seen. Patients valued the open access service and these views aligned with the comment cards.
- 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 had a policy not to refuse same day care to children
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Mondays, Tuesdays, Wednesdays and Fridays.

Appointments were from 8.45am and 11.45am every morning and 4pm to 6pm Monday, Tuesday and Friday. 2.30pm to 4.15pm Wednesday. The practice was closed on Thursday afternoons, cover was provided by a

neighbouring GP practice. Extended surgery hours were offered from 6.30pm to 7.30pm on Tuesdays and Fridays. Between 8am and 8.30am staff could contact the GPs by mobile telephone if necessary.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people 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.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 92% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).
- 70% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 60% and national average of 58%.

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 an effective 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.
- 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. Posters and information about how to make a complaint were displayed in the waiting area.

The practice told us they had not received any complaints.

Are services well-led?

Inadequate 

(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 vision and values but staff were committed to deliver high quality care and promote good outcomes for patients.

- The practice did not have an effective strategy, supporting business plans and succession planning to secure the future of the service for patients.

Governance arrangements

There were insufficient governance arrangements to support the delivery of good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, the practice did not have an overview of training undertaken by staff and mandatory training had lapsed.
- The practice did not keep records of professional indemnity for clinical staff. Evidence of indemnity was requested after the inspection and evidence of up to date indemnity was provided.
- Practice specific policies were implemented and were available to all staff. However some of these were overdue a review and the practice was not ensuring that its policies were followed.
- The practice did not have an effective clinical record system. Staff used a combination of paper and electronic records and inconsistencies were observed between them. The practice reviewed their record keeping immediately after the inspection and provided evidence of an action plan to change to a single electronic patient record system.
- Medicines management policies and protocols were out of date. The practice did not have consistent repeat prescribing protocols.
- There were insufficient records for the controlled drugs kept by the practice prior to 2016. The practice were able to locate the missing records after the inspection.
- A comprehensive understanding of the performance of the practice was maintained
- Limited individual audits and focused reviews had been undertaken. However there wasn't a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements

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

Leadership and culture

Although The partners in the practice had the experience, capacity and capability to run the practice, they had not provided the leadership and governance. For example, in training, record keeping and assessing risk to patients. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that staff communicated verbally to raise and resolve issues. However, the practice did not hold and record regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues to the GPs or practice manager and felt confident in doing so and felt supported if they did.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Inadequate 

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

- The practice had gathered feedback from patients through surveys and suggestions received. The practice commissioned a company to carry out a patient survey in 2013 and there were plans to repeat this in 2016
- The practice had gathered feedback from staff generally through verbal discussion, appraisals and discussion.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and</p> <p>treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>This was in breach of regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person did not ensure records relating to people employed included information relevant to their employment in the role including information relating to the requirements under Regulations 4 to 7 and Regulation 19 of this part (part 3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This applies to all staff, not just newly appointed staff.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1)(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not ensure that staff received statutory training and other mandatory training, as defined by the provider for their role.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person did not ensure there was a process in place for undertaking criminal record checks at the appropriate level for clinical staff.

This was in breach of regulation 19(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014