

Dr Ankur Chopra

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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

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Overall summary

Letter from the Chief Inspector of General Practice

The Dr Ankur Chopra practice was initially inspected in October 2015. It was rated inadequate for safe and well-led services and inadequate overall. It was placed into special measures and warning notices were issued. In March 2016 we carried out a focussed inspection of the areas covered by the warning notices and found that they had not been met. As a result a condition was imposed on the practice. During the period the practice was in special measures we took appropriate enforcement action.

We carried out an announced comprehensive inspection on 1 February 2017. On this occasion the practice was rated as requires improvement overall, inadequate in the well-led domain, requires improvement in the safe domain and good in the effective, caring and responsive domains. Additionally, further breaches of the legal requirements in relation to Good Governance were found and so we issued a warning notice. The practice therefore remained in special measures. On the 16 May 2017 we re-inspected the practice and found that they had met the requirements of the warning notice

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 4 October 2017.

Overall the practice is now rated as good.

Our key findings across all the areas we inspected were as follows: There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey were better than the national averages. They showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with 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.
- There was a clear leadership structure and staff felt supported by management. During the period of special measures the practice had employed external support to develop and implement improvement

plans. It had worked with other local providers to improve services and outcomes for patients. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

Good



- From the five documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The practice achieved 100% of QOF points in all the clinical areas except one. The overall rate of exception reporting was approximately half that of the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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.

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 were part of a pilot scheme run by the local clinical commissioning group (CCG) to promote the Year of Care initiative aimed at empowering patients with diabetes to take more control of the management of their condition.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a 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 evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. There was a merger planned between neighbouring practices and we saw staff enthusiastically working towards a common goal.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There were ward rounds every other week to nursing homes where the practice had patients.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was significantly better than the national average. For example, 91% of patients with diabetes had an acceptable blood pressure reading in the preceding 12 months, compared with a CCG average of 81% and national average of 78%;
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics...
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability. These appointments were arranged at a quiet time to suit the patients
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- One hundred per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was better than the national average. For example 95% of patients with schizophrenia bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed patients rated the practice higher than local and national averages. Two hundred and twenty one survey forms were distributed and 103 were returned. This represented about 3% of the practice's patient list.

- 92% described their overall experience of the practice as good compared to the clinical commissioning group (CCG) average of 85% and the national average of 85%.
- 90% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.

- 93% said they would recommend the practice to someone new to the area compared to the CCG average of 79% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards. Twenty two were entirely positive, particularly commenting on the care of the clinical staff and the helpfulness of reception staff. One patient was dissatisfied with the quality of care and one with the difficulty in getting through on the telephone.

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

Dr Ankur Chopra

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Ankur Chopra

The Dr Ankur Chopra practice offers general medical services to people living in Hastings. There are 4000 registered patients. Approximately 2,300 patients come from rural areas, the rest are urban residents. The practice covers both deprived and affluent areas. Dr Ankur Chopra is currently registered as an individual provider, but has recently formed a partnership with three other clinicians, two GPs and an advanced nurse practitioner, who work from three other local surgeries. At the time of the inspection Dr Chopra was not carrying out clinical work at Roebuck House or Guestling Surgery but cover arrangements were in place with support from partner GPs, regular locums and a regular salaried GP. The regular salaried GP is supported by an advanced nurse practitioner who is one of the partners, two nurses, a phlebotomist and a team of receptionists and administration staff.

There is a practice manager and a deputy manager. A business manager is employed across four neighbouring practices who is overseeing improvements in the non-clinical governance of Dr Chopra's practice.

The practice is open between 8.30am to 6.30pm Monday to Thursday and 8.30am to 5pm on Fridays. The practice worked with a neighbouring practice to ensure that there was a doctor available for emergencies between 8am and

6.30pm on a daily basis. Early morning appointments are available from 7.30am at Roebuck House on a Tuesday and at Guestling Surgery on Monday, Wednesday and Friday. The practice closes for lunch between 1pm and 2pm each day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for patients that needed them.

The patient population includes a 2% lower proportion of children when compared with the local average and slightly more (1.4%) patients over the age of 75 than the national average. The practice had 12% less patients with a long standing health condition than the local average and lower than average unemployment. The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support. Services are provided from;

Roebuck House,

High Street,

Hastings,

East Sussex,

TN34 3EY

A branch surgery is located at;

Guestling Surgery,

Chapel Lane,

Guestling,

Hastings,

TN35 4HN

Outside normal surgery hours patients could access care from an Out of Hours provider IC24.

Detailed findings

Why we carried out this inspection

The Dr Ankur Chopra practice was initially inspected in October 2015. It was rated inadequate for safe and well-led services and inadequate overall. It was placed into special measures and warning notices were issued. In March 2016 we carried out a focussed inspection of the areas covered by the warning notices and found that they had not been met. As a result a condition was imposed on the practice. A further inspection was carried out on 6 July 2016 and the practice was still rated as inadequate overall. Enforcement action, proposed as a result of the inspection, was deferred after representations from the practice.

We carried out an announced comprehensive inspection 1 February 2017. On this occasion the practice was rated as requires improvement overall, inadequate in the well-led domain, requires improvement in the safe domain and good in the effective, caring and responsive domains. Additionally, further breaches of the legal requirements in relation to Good Governance were found and so we issued a warning notice. The practice therefore remained in special measures. On the 16 May 2017 we re-inspected the practice and found that they had met the requirements of the warning notice

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 4 October 2017.

The full comprehensive reports of the previous inspections can be found by selecting the 'all reports' link for Dr Ankur Chopra on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 4 October 2017. This inspection was carried to ensure improvements had been made and sustained and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced inspection on 4 October 2017. During our visit we:

- Spoke with a range of staff including GP partners and locums, nursing staff managers, receptionist and administrators. We spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people 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

At our previous inspection on 1 February 2017, we rated the practice as requires improvement for providing safe services as the arrangements

- For the investigation and analysis of significant events were not thorough enough.
- Systems to identify all risks to health and safety and mitigate against them were not in place or adhered to.
- Systems to effectively monitor the audit trail and expiry dates of dressings and medicines stored in stock cupboards were not effective.

These arrangements had significantly improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There had been 11 reported significant events in the last year. We examined documents relating to five recently recorded significant events and found that each event had been thoroughly investigated. From the examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. Meeting minutes showed that clinical significant events were routinely discussed at clinical meetings and where appropriate at general staff meetings. Three events had

been appropriately referred to external agencies.

Actions arising from events were identified and shared with relevant staff and other agencies. We saw evidence that actions were implemented to improve safety in the practice. For example, there had been an incident involving a "just in case" box (containing palliative care medicines such as opiates). We saw there had been changes to dispensing protocols and information sent to an external agency as a result of the investigation into the incident.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

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. One of the clinicians was the lead member of staff for safeguarding of vulnerable adults and children and was trained to level four this exceeded the mandated level of three. They attended safeguarding meetings when possible and provided reports where necessary for other agencies. The safeguarding lead met with the health visitor team every two weeks to discuss any child safeguarding concerns.
- From a documented example we saw that safeguarding was reported and referred in accordance with local protocols, we found that the lead clinician sought guidance from the Clinical commissioning group (CCG) lead when necessary.
- Staff we spoke with 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. Nurses were trained to level two.
- 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.

Are services safe?

(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 premises were clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example areas of the branch surgery had been refurbished.

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. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to help ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice received and acted upon medicines safety alerts and recalls.
- The practice was a dispensing practice, though only from the branch surgery. There was a named GP

responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. The practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines) and these were reviewed annually.

- Dispensing errors and near misses (dispensing errors which do not reach a patient) at Guestling surgery were recorded, investigated and relevant learning shared with staff. We looked at the detail which recorded the nature of the error and how staff could reduce the chances of the same error happening again.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. We examined the records for ordering, receipt, supply and disposal of controlled drugs. The records met legal requirements. We checked the stock of CDs and this reconciled with the records.
- The practice was a member of the Dispensary Services Quality Scheme (DSQS). This scheme rewards practices for providing high quality services to their dispensing patients. It imposes greater levels of governance and training than might be found in dispensing practices who are not members. Members of the DSQS are required to conduct a Dispensing Review of Use of Medicines (DRUM reviews) with patients. DRUMS were completed by the GPs as the dispensary staff did not routinely have access to a dedicated room to fully discuss medicines confidentially with patients. It was recognised that conducting a DRUM at the dispensary hatch where medicines were given to patients was not appropriate as it did not respect patients need for privacy.

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

Monitoring risks to patients

There was a health and safety policy available.

Are services safe?

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with limited mobility to vacate the premises.
- 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). For example the practice had identified a trip hazard. They had carried out a risk assessment and, there being no practicable means of avoiding the hazard, had clearly marked it and put up appropriate warning notices.

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 for all the different staffing groups to help ensure enough staff were on duty.

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 behind the reception desk.
- We checked the emergency arrangements at both practice premises. At each premises there was a defibrillator and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- A first aid kit and accident book were available and the accident book had last been used in June 2017.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 1 February 2017, we rated the practice as good for providing effective services. At this inspection the practice remains good for providing effective services.

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 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. In addition the practice manager sent current NICE alerts to the clinicians
- Clinicians received notification of NICE guidelines by email and had links to them via the practice intranet and staff told us that local and NICE guidelines were discussed at clinical meetings held every other week.
- NICE guidelines were used to establish best practice when developing care for patients with stroke and chronic lung disease. These were then audited to establish where improvements had occurred and where further improvements could be made.

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 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 94%. The overall clinical exception reporting rate was three per cent compared to national average of seven per cent. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

This practice was not an outlier for any QOF (or other national) clinical targets. The latest data available showed:

- Performance for diabetes related indicators was significantly better than the clinical commissioning

group (CCG) and national average. For example, 91% of patients with diabetes had an acceptable blood pressure reading in the preceding 12 months, compared with a CCG average of 81% and national average of 78%;

- Performance for mental health related indicators was better than the national average. For example 95% of patients with schizophrenia bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The practice achieved 100% of QOF points for asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, depression, dementia, heart failure and hypertension. In all these cases the practice results were higher than the CCG and national averages.
- Exception rates for all but one clinical domain were less than the CCG and national averages.

There was evidence of quality improvement including clinical audit:

There had been five clinical audits commenced in the last year, we looked at one completed audit where improvements were implemented and monitored. The practice had audited performance for diabetes related indicators for patients less than 60 years of age. The percentage of relevant patients with an acceptable blood pressure reading in the preceding 12 months was 73% prior to the audit. The audit, and ways to improve outcomes for patients, was discussed at a clinical meeting. The audit was repeated six months later and the figure had risen to 76%.

There had been audits in hypertension, heart failure, stroke and chronic obstructive pulmonary disease. The practice was pro-active, recognising emerging problems. For example, they had reviewed their prescribing of pregabalin, a medicine used to treat nerve pain, epilepsy and anxiety, after a number of studies had indicated that there risks associated with its use. They had halved their use of the medicine over 12 months.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment

- We saw that the practice had an induction programme for all newly appointed staff. This covered such topics as

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw that newly employed staff had had a thorough induction and this was recorded of their file.

- The practice encouraged and supported role-specific training and updating for relevant staff. For example, there was training in the diabetes protocol for staff reviewing diabetic patients. 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We found that care plans in the patients' notes were very detailed. At a previous inspection we found that the format used by one clinician did not easily allow for the production of hard copies. At this inspection that had been rectified. All patients with a detailed care plan received a copy.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team (MDT) meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and weight management, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 75% and the national average of 74%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The results for patients taking part in both these

Are services effective?

(for example, treatment is effective)

programmes were comparable to the national averages. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, for childhood vaccinations for children under two years old, the practice was above standard in three sub-indicators and below standard in one (overall practice

score out of 10 was nine, national average nine point one.) Immunisation rates for the vaccinations given to five year olds ranged from 92% to 98% (CCG average 87% to 93%, national average 88% to 94%).

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

At our previous inspection on 1 February 2017, we rated the practice as good for providing caring services. At this inspection the practice remains good for providing caring services.

Kindness, dignity, respect and compassion

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

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

We received 24 comment cards. Twenty three were entirely positive in respect of care, particularly commenting on the care of the clinical staff and the helpfulness of reception staff. One patient was dissatisfied with the quality of care. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 91% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 87% and the national average of 86%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 86% say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 87% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 85% and the 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. We saw contact numbers for six translation services including two for those patients who were hard of hearing.
- Two staff were proficient in sign language.
- A hearing loop was available at reception at both sites.
- Patient notes were annotated and an alert put on them if the patient had additional needs.
- Staff had undertaken equality and diversity training.

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 alerted GPs if a patient was also a carer. The practice had identified 112 patients as carers (three per cent of the practice list). A patient folder in the waiting room contained written information to direct carers to the various avenues of support available. There was a carers' page on the website which contained links to various carers' advice and support sites.

The practice supported patients in four local nursing homes and there was a ward round every other week.

Staff told us that if families had suffered bereavement, their GP contacted them and offered an appointment if required. The practice sent condolence cards when appropriate. There was bereavement advice available in the patient's folder in the waiting rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 1 February 2017, we rated the practice as good for providing responsive services. At this inspection the practice remains good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended surgery hours from 7.30am at Roebuck House on a Wednesday and at Guestling Surgery on Monday, Tuesday and Friday. Appointments including nurse appointments were available until 6.30pm on a Thursday.
- There were longer appointments available for patients with a learning disability. These appointments were arranged at a quiet time to suit the patients
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for disabled patients including, a hearing loop, translation services and a lift. The hearing loop was portable so that clinical staff could use during consultations.
- Two staff members were able to use sign language.

Access to the service

The practice was open between 8.30am to 6.30pm Monday to Thursday and 8.30am to 5pm on Fridays. The practice worked with a neighbouring practice to ensure that there was a doctor available for emergencies between 8am and 6.30pm on a daily basis. Early morning appointments were available from 7.30am at Roebuck House on a Wednesday and at Guestling Surgery on Monday, Tuesday and Friday. The practice closed for lunch between 1pm and 2pm each day. Urgent appointments were available on the day and routine appointments could be booked up to four weeks in advance.

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

- 94% are satisfied with the surgery's opening hours compared to the CCG average of 77% and the national average of 76%.
- 98% found it easy to get through to the practice by phone compared with the clinical commissioning group (CCG) average of 73% and the national average of 71%.
- 97% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 85% and the national average of 84%.
- 94% said the last appointment they got was convenient compared with the CCG average of 83% and the national average of 81%.
- 90% described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 80% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 62% and the national average of 58%.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets were available in the waiting room and help with making a complaint was available on the website.

We looked at five complaints received since March 2017. We found that they were dealt with in a timely way. There was openness and transparency in dealing with the complainant. The complaints were comprehensively recorded and investigated. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, due to a complaint about a lack of introduction by some staff, name badges were introduced. On the day of the inspection we saw all staff

Are services responsive to people's needs?

(for example, to feedback?)

wearing their name badge. Verbal and informally resolved complaints were recorded so that the practice could learn from them and identify any trends that might otherwise have gone unnoticed.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 1 February 2017, we rated the practice as inadequate for providing well led services as the arrangements for governance at the practice were not well embedded.

These arrangements had significantly improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a vision to deliver excellent patient care across the community.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans for the future. The practice was planning to form a partnership of four partners with two other local surgeries. We were told that these plans would be actioned once the practice had achieved the improvements required by CQC.

Some elements of the plan were already in place;

- The business manager also had responsibility for aspects of management at the two other surgeries
- A separate practice manager, agreed in the plan, had been recruited and was working at the practice
- Administration staff, from the different practices were already working as one team.
- Premises for the new merged practice had been identified. The necessary planning consents had been applied for and granted.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. There was a lead for safeguarding who was trained to level four that is one level higher than the mandated level. There were leads for various clinical conditions, for health and safety and for strategic areas such as partnership development.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Staff had a comprehensive understanding of the performance of the practice. There were monthly practice meetings which were minuted. These provided an opportunity for staff to learn about the performance of the practice and to contribute to it.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There had been audits in diabetes, hypertension, heart failure, stroke and chronic obstructive pulmonary disease. All had shown improvements or maintained the quality of care. There were internal checks, for example we saw fire risk assessments and health and safety assessments were carried out each quarter. As well as cleaning protocols we saw spot checks where a particular aspect of cleaning was examined in greater depth each month.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

During the time the practice was in special measures it had employed external support to develop and implement improvement plans. The plans included having an overarching business manager and restructuring of the practice's internal management. It had worked with other local GP providers to improve services and outcomes for patients.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about

Are services well-led?

Good 

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

notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the documents we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. We noted there were occasional social events.
- 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

had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested improvements that might be made to the branch surgery and the practice had responded with an action plan and the issues had been resolved. Some members of the PPG had felt that communication with the practice could be better, for example the completeness and accuracy of the minutes were raised as an issue. The practice responded by producing a fuller and more complete record.

- The NHS Friends and Family test, complaints and compliments received
- Staff told us they felt involved and engaged to improve how the practice was run. This was through staff meetings, appraisals and in day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that since they had begun to work with staff from adjoining practices they had raised points about differing ways of conducting some of the routine tasks. The managers had listened to the issues and were working to adopting the best practice from across the merging organisations.

Continuous improvement

The practice were part of a pilot scheme run by the local clinical commissioning group (CCG) to promote the Year of Care initiative aimed at empowering patients with diabetes to take more control of the management of their condition.

The advanced nurse practitioner, who was already a non-medical prescriber, was being supported by the practice to obtain a Masters degree qualification in Leading Advanced Practice at a local university.