

Dr Nagendra Kumar Gupta

Quality Report

206 Mawney Road
Romford,
Essex RM7 8BU
Tel: 01708 739379
Website:

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
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 Nagendra Kumar Gupta on 26 February 2016. Overall, the practice is rated as requires improvement.

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

- Staff did not always fulfil their responsibilities to raise concerns, and to report incidents and near misses. However, when these were raised to the management team, reviews and investigations were thorough. Patients received a verbal and written apology.
- Risks to patients were not always assessed and well managed.
- Clinical staff did not have ready access to clinical guidelines.
- Information about services was available but not everybody would be able to understand or access it. For example, information leaflets were not available in other languages.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

- The practice did not have a patient participation group.
- Urgent appointments were usually available on the day they were requested.
- All patients said they were treated with compassion, dignity and respect. They all said they felt cared for, supported and listened to.

The areas where the provider must make improvements are:

- Ensure effective systems are in place for reporting and recording significant events.
- Ensure that systems are in place to record and disseminate discussions and agreed decisions to all relevant staff.
- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure a risk assessment is carried out to determine if staff who act as chaperone need a DBS check.
- Ensure all staff have annual basic life support training.
- Ensure fire risk assessment and electrical appliance testing is carried out.
- Ensure infection control audits are carried out and cleaning equipment is stored in a suitable location.

Summary of findings

In addition the areas where the provider should make improvements are:

- Review and update the practice business continuity plan.
- Record all verbal complaints and correspondents with patients.
- Review its provisions of services to female patients.
- Review its systems for monitoring blank prescriptions.
- Implement processes and systems to gain feedback from people who use services.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or

overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 requires improvement for providing safe services.

Requires improvement



- There was a system in place for reporting and recording significant events, however not all staff were reporting incidents to the practice lead. For example, we saw a member of staff had completed significant events form but had not communicated the event with the practice. When incidences were reported, reviews and investigations were thorough and lessons learned were communicated widely enough to support improvement. People always received a verbal and written apology.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, there were no fire risk assessments and one fire exit door was kept locked.
- An infection control audit was carried out in January 2016, however we found there were no cleaning schedules and cleaning equipment was stored in the disabled toilets. However the audit did not pick up on these issues.
- Staff caring out chaperoning duties did not have Disclosure and Barring Service check (DBS check) and there was no evidence of a risk assessment carried out to identify staff that did not require a DBS check. Appropriate records of recruitment checks were not consistently recorded.
- Staff did not have annual basic life support training.

Are services effective?

The practice is rated as good for providing effective services.

Requires improvement



- Knowledge of and reference to national guidelines were inconsistent.
- There was some evidence of multidisciplinary working taking place but was generally informal and record keeping was limited or absent.
- Staff had the skills and experience to deliver effective care and treatment. However, staff did not have training in fire safety or information governance.
- Data from the Quality and Outcomes Framework showed the practice was performing inline with CCG and national averages.
- Complete clinical audits had been carried out and there was some evidence to demonstrate improvements to service.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.

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.
- 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.
- 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. However, verbal complaints were not recorded or formally discussed.

Good



Are services well-led?

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

- The management team did not demonstrate that they had the experience, capacity and capability to run the practice and ensure high quality care.
- The practice did not hold regular governance or practice meetings and issues were discussed at ad hoc meetings.
- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- The practice had not proactively sought feedback from staff or patients.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review and were not up to date.

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 provider was rated as inadequate for well-led and requires improvement for safe and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients 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.

Requires improvement



People with long term conditions

The provider was rated as inadequate for well-led and requires improvement for safe and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 98% of patients with diabetes, on the register, had had their feet examined and risk classification in the preceding 12 months (national average 88%).
- 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.

Requires improvement



Families, children and young people

The provider was rated as inadequate for well-led and requires improvement for safe and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- 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.
- 70% of patients with asthma had had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physician (RCP) questions, which was comparable to 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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children; however there were no baby changing facilities.

Working age people (including those recently retired and students)

The provider was rated as inadequate for well-led and requires improvement for safe and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as inadequate for well-led and requires improvement for safe and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Requires improvement



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice worked informally with multi-disciplinary teams when required in the case management of vulnerable people.
- 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.

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for well-led and requires improvement for safe and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice did not work with multi-disciplinary teams in the case management of people experiencing poor mental health.
- There was 14 people on the mental health register and performance for mental health indicator showed 100% of people with mental health had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (national average 88%).
- There are thirteen patients diagnosed with dementia and 100% had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice had a system in place to follow up patients who had attended accident and emergency.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 288 survey forms were distributed and 112 were returned. This represented 4% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone (national average of 73%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 93% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients commented on the cleanliness of the practice, and the professional and caring attitude of staff.

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

Dr Nagendra Kumar Gupta

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 second CQC inspector.

Background to Dr Nagendra Kumar Gupta

Dr Nagendra Kumar Gupta's practice is a single handed practice part of the NHS Havering Clinical Commissioning Group (CCG) providing care to 2909 people. Services are provided under a Personal Medical Service (PMS) contract with NHS England. The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and surgical procedures.

The practice has one male lead GP and one male salaried GP, who provided a total of 10 GP sessions every week. The practice employs two part time female locum nurses. There is one practice manager and four reception staff.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are available between 9.00am to 12pm every morning and 4.00pm to 6.30pm every evening. Extended surgery hours are on Wednesday between 6.30pm and 8.00pm. Appointments can be booked over the phone, in person or online. The out of hour's service is provided by alternative providers and can be accessed by calling the practice number. The details of this service are on the practice leaflet and on posters in the practice waiting area.

The practice has a higher than average population of patients aged 60 to 70 years when compared to CCG and national average (as reported by Public Health England 2014). Twenty-one percent of the practice population is aged under 18 years and 19% of the practice population is aged 65 years and over. The average male life expectancy is 78 years, which is one year less than the CCG and national averages. The average female life expectancy is 84 years which is the same as CCG average and one year more than the national average.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was not inspected under the previous inspection regime.

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 26 February 2016. During our visit we:

Detailed findings

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

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

- Is it safe?
- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in the significant events folder. However, we found that not all staff were reporting incidences to the practice management team. For example, we found a member of staff had completed a significant event form but had not shared the event or the outcome with the practice. This prevented the practice from identifying any learning and implementing improvements.
- When the practice was informed of any incidences, the practice carried out a thorough analysis of the significant events that were reported.

We did not see evidence that the practice reviewed safety records and national patient safety alerts in practice meetings. However staff told us that the practice manager would distribute alerts that were relevant to clinical staff

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. For example, we saw a GP had conducted a home visit but did not update the patient's record until the following week. The patient's carer was not informed of the outcome of the visit and information could not be shared with them as there were no notes on the patient's records. The GPs now take the practice mobile tablet with them and record the consultation notes during the visit.

Overview of safety systems and processes

The practice had some 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GP's were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. However, the practice had not risk assessed the need for non-clinical staff who acted as a chaperone to have a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been carried out in January 2016 the first since 2012 and we saw evidence that the practice were taking action to address any improvements identified as a result. For example, the audit identified the need to assess the risk of legionella and therefore the practice carried out a legionella risk assessment in February 2016 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we found that cleaning equipment was stored in the shared staff and disabled toilets and there were no cleaning schedules. There were also sealed biopsy packs on the floor in non-clinical rooms. The practice nurse was the infection control clinical lead but these issues were not addressed in the infection control audit.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and but there were no systems in place to monitor their use. Patient Group Directions (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found some recruitment checks had been undertaken prior to

Are services safe?

employment. For example, there were signed contracts and Curriculum Vitae (CVs). However, four files did not have proof of identification, written references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- 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.

Monitoring risks to patients

Risks to patients were not always assessed and managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception. However, this did not have contact details of the local health and safety representatives. The practice had no fire risk assessments and did not carry out regular fire drills. Although, we saw evidence of fire equipment being tested annually by an external company.
- There was no evidence of any Portable Appliance Testing (PAT) being carried out to ensure the equipment was safe to use, however we saw evidence that this had been booked for March 2016. Clinical equipment was checked annually to ensure it was working properly.

- 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 some 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.
- 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 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not have an up to date staff list or contact details.
- Staff did not have annual basic life support training.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems to assess needs and deliver 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 told us that all clinical staff attended monthly training sessions at the CCG, where NICE guidelines were discussed. However, staff were not able to give examples of latest guidance used for the treatment of patients. The practice did not have an effective system of sharing guidance with clinical staff.
- Clinical staff were not able to give examples of recent safety alerts.
- The practice informally monitored guidelines through random sample checks of patient records. However, there were no formal systems in place to share outcomes with clinical staff.

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 96.2% of the total number of points available. This practice was not an outlier for QOF clinical targets or 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).

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 97.8% of patients with diabetes, on the register, had had their feet examined and risk classification in the preceding 12 months (national average 88.3%).
- The percentage of patients with hypertension having regular blood pressure tests was similar to national

average. For example, 89.5% of people with hypertension who had had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less (national average 83.7%).

We noted there were 14 people on the mental health register. Performance in this indicator was 100% of people with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months (national average 88.5%). However, exception reporting was very high, 30% (national average 12.6%). The practice investigated this and informed us that they had made an error on their computer system. We saw evidence that all 14 people on the mental health register had had a care plan documented into their records.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits carried out in the last two years, two of which were two cycle complete audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice carried out a two-cycle audit on diabetes management. The practice measured patients' blood glucose levels and found in November 2012, 12% of diabetic patients had blood sugar level of 75mmol/mol or higher. The practice carried out a second audit in 2014 and found that 10% of diabetic patients now had blood sugar levels of or above the recommended level. The practice intended to re-audit again in 2016 to ensure that changes in the management of patients with diabetes were being maintained and further improved.
- The practice did not show evidence of participating in local audits, accreditation, peer review or research.

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, health and safety and confidentiality. However, staff did not have training in fire procedures, basic life support or information governance awareness. Staff did not have access to e-learning training modules.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

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 discussions at CCG clinical training meetings.

- The learning needs of staff were identified through a system of appraisals and meetings. Staff received support through one-to-one meetings, appraisals, coaching and mentoring, and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care services 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. We did not see evidence that multi-disciplinary team meetings took place, however the provider told us that they communicated with district nurses as and when necessary for patients.

Consent to care and treatment

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

- Clinical 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 told us that they carried out assessments of capacity to consent in line with relevant guidance. However, these were not recorded.
- 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. Clinical staff had a good understanding of how to support patients with mental health needs and dementia.

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.

The practice's uptake for the cervical screening programme was 82.3%, which was comparable to the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

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 84.6% to 94.3% and five year olds from 82.4% to 93.9%.

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.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice did not have a patient participation group (PPG), although we saw signs in the reception area advertising that the practice was recruiting for the PPG. We spoke to four patients, they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurse. For example:

- 96% said the GP was good at listening to them (CCG average of 83%, national average of 89%).
- 95% said the GP gave them enough time (CCG average 81%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).

- 100% said they found the receptionists at the practice helpful (CCG average 87%, national average 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 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 (CCG average of 80% and national average of 86%).
- 78% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

The practice did not have translation services for patients who did not have English as a first language. However, some staff were able to speak Hindi, who acted as translators for patients. One member of staff was trained in using sign language.

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, there were information leaflets and posters for adult social care services in the waiting room.

The practice had identified 1.0% of the practice list as carers. However, staff told us that they believed this was not accurate and they had more carers but had not correctly entered this into the computer system. Written and verbal information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered 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.

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 extended hours on Wednesday evening from 6.30pm to 8.00pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability as well as for patients who requested this.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children, however there were no baby changing facilities.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities but no translation services available. There was no hearing loop.
- The practice was unable to meet gender specific requests for female patients as there were two male GPs.
- All patients had a named GP and a structured annual health check.
- Nursing staff had lead roles in chronic disease management.
- Out of hours service was provided by a different provider, which was available from 6.30pm to 8am the next morning. This could be accessed by calling the practice telephone number.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 9.00am to 12.00pm every morning and 4.00pm to 6.30pm daily. Extended surgery hours were between from 6.30pm to 8.00pm on Wednesday. In addition to pre-bookable

appointments that could be booked up to six weeks in advance. Urgent appointments were also available for people that needed them Monday to Friday between 11.00am and 12.00pm.

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

- 71.8% of patients were satisfied with the practice's opening hours (CCG average 69.6%, national average of 74.9%).
- 88.2% patients said they could get through easily to the surgery by phone (national average 73.3%).
- 33.2% patients said they always or almost always see or speak to the GP they prefer (national average 36.2%).

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw evidence of the practice educating patients on accessing the practice for appointments and attending accident and emergency.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, this was not always followed as the practice told us that they had received verbal complaints and concerns, which they dealt with in the same way as written complaints, but they did not make formal records of them or the contact with patients.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a complaints poster displayed and a feedback box for comments.

The practice had received one written complaint in the last 12 months and it was dealt with in a timely way and with openness and transparency with dealing with the complaint etc. For example, we saw a complaint made about a carer having access to patient's medical records. The complaint had been discussed in the practice meeting and staff were all updated about the confidentiality policy to prevent this happening in the future.

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 management had a vision to deliver high quality care and promote good outcomes for patients.

- However, staff were not aware of the practice mission statement or values. There were no detailed plans in place to achieve the vision which the GP described to us.
- The practice did not have an effective strategy and supporting business plan to reflect the vision and values and they were not regularly monitored.

Governance arrangements

The practice had a governance framework. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were some practice specific policies, which were implemented and were available to all staff.

Nevertheless, there was scope to improve governance in the following areas:

- There were no records of extended learning and shared decision making through regular clinical practice meetings between the GPs and nurses.
- Not all staff had a comprehensive understanding of the performance of the practice. We saw no evidence of regular practice meetings to share and keep all staff up to date.
- We saw no evidence of effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw one GP had identified SEAs but had not shared this with the practice.

Leadership and culture

The management team did not demonstrate that they had the experience, capacity and capability to run the practice and ensure high quality care. They did however prioritise compassionate care. 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 GPs 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 records of written correspondence. However, they did not record verbal interactions with patients.

There was a leadership structure in place and staff told us they felt supported by management. However:

- Staff told us the practice held meetings as and when needed.
- Although, staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings. There was no evidence to suggest they were involved in discussions about how to run or develop the practice. For example, staff told us that they had suggested the appointment booking system should be changed. However, this was dismissed by management on the grounds that the system had been working, therefore did not need changing.

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

- The practice told us that they encouraged feedback from patients and staff. However, they did not have a patient participation group (PPG). They did not review the GP Patient Survey and they did not conduct their own patient or staff survey. On the day of inspection we saw posters in the practice waiting area informing patients about the PPG and the recruitment process.
- There was no evidence that regular feedback was gathered from staff. Staff we spoke with told us that they discussed concerns when they have staff meetings, which were infrequent. However, Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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>They had failed to identify the risks associated with fire, infection control and electrical appliances.</p> <p>The provider did not ensure staff had annual basic life support training and had not carried out a risk assessment to determine if staff who act as chaperone need a DBS check.</p> <p>This was in breach of regulation 12(1)(2)(a)(c)(d)(h) 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 provider did not have an effective system in place for reporting and recording all significant events.</p> <p>There was no formal process to seek feedback from service users for the purpose of continually evaluating or improving the service.</p> <p>The provider did not maintain records of clinical or practice meetings.</p> <p>The provider did not have an updated business continuity plan for emergencies.</p> <p>The provider did not demonstrate a clear governance structure for staff to operate within.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1)(2)(a)(e) 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 had not ensured staff employed for the purposes of carrying on the regulated activities had the qualifications, competence, skills and experience to perform their work.

We found that the registered provider had not ensured that information specified in Schedule 3 was available in relation to each person employed.

This was in breach of regulation 19(1)(a)(b)(3)(a)(4)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.