

Aksyr Medical Practice

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 Aksyr Medical Practice on 10 March 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, significant events were not always recorded when they occurred.
- Risks to patients in relation to medicines management, equipment, recruitment checks and dealing with emergencies were not assessed and well managed.
- Data showed patient outcomes were low in some long term conditions such as diabetes and mental health conditions compared to the national average. Although some audits had been carried out, we saw little evidence that audits were driving improvements to patient outcomes.

- The majority of patients said they were treated with compassion, dignity and respect however, not all felt they were involved in decisions about their care.
- Information about services was available and the practice provided information leaflets in different languages.
- The practice had a number of policies and procedures to govern activity and all were in date.
- There was an effective system in place for handling complaints and concerns.

The areas where the provider must make improvements are:

- Ensure adequate arrangements are in place to assess, monitor, manage and mitigate risks to the health and safety of service users. This includes identifying the risks associated with poor medicines management, equipment checks, recruitment checks and ensure staff are trained in the use of emergency equipment.
- Ensure all significant events that occur at the practice are recorded.

Summary of findings

- Ensure robust systems and processes are established and operated effectively to handle all pathology results and action all workflows and tasks in a timely manner.

In addition the provider should:

- Consider ways to improve patient satisfaction with consultations with the GP and nurses and to address any issues raised.

- Improve the identification of those with caring responsibilities registered with the practice in order to support and signpost them more effectively.
- Implement a quality improvement initiative to improve patient outcomes.

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, as there are areas where improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, significant events were not always recorded when they occurred.
- The systems and processes to address risks to patients were not implemented well enough to ensure patients were kept safe. For example, those relating to medicines management, equipment, recruitment and dealing with emergencies.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low in some long term conditions compared to the national average. For example, mental health indicators showed the percentage of patients with mental health conditions whose alcohol consumption had been recorded in the last 12 months was 76%, compared to the national average of 90%.
- There was little evidence that audit was driving improvement in patient outcomes.
- The practice did not ensure investigation results and workflows were actioned in a timely way.
- Staff assessed needs and delivered care in line with current evidence based guidance and they had the skills, knowledge and experience 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.
- Patients had access to appropriate health assessments and checks.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 85% and national average of 92%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt supported and listened to.
- The practice had only identified 0.5% of their practice population as carers; however, support was in place for carers registered with the practice.
- The practice provided facilities such as translation services and easy read information leaflets to help patients be involved in decisions about their care.
- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they were members of a group of practices offering integrated care to patients.
- Patients highlighted issues with making appointments but the practice had taken steps to improve this. 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.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- The practice had a vision and there was a documented leadership structure but not all staff understood the values.
- The overarching governance framework which supported the delivery of the strategy and good quality care was not effective. Procedures to monitor risks to patients were unsatisfactory.
- The practice had a number of policies and procedures to govern activity and they were all in date.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice 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.
- At risk elderly patients received a fast track GP service which offered them priority assessment from a GP or nurse.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a large diabetic population and 2014/2015 data showed the percentage of patients with diabetes on the register with whom the last blood pressure reading was normal was 66%, compared to the national average of 78%. The practice had identified this as an area of improvement and had taken steps to improve patient engagement and improve the care provided to this patient group.
- 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 requires improvement for safe, effective, caring and well-led. 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.
- 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 percentage of women aged 25-64 who had received a cervical screening test in the last five years was 83%, compared to the national average of 82%.
- Appointments were available outside of school hours, with children under 10 years of age being offered same day urgent appointments. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered a mother and baby group which met once a year to promote better engagement with this group.

Working age people (including those recently retired and students)

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

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

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement



Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with mental health conditions whose alcohol consumption had been recorded in the last 12 months was 76%, which was lower than the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 containing data from January-March 2015 and July-September 2015. The results showed the practice was performing below national averages. 391 survey forms were distributed and 119 were returned. This represented 2% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were mostly positive about the standard of care received. Patients felt the practice provided a good service and the staff were caring, helpful and treated them with dignity and respect. Six of the comment cards highlighted issues with staff attitude, access to appointments and telephone access.

We spoke with five patients during the inspection. Most of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring; however, some patients highlighted issues with telephone and appointment access. The Friends and Family Test survey results for 2015 showed 79% of patients were likely or extremely like to recommend their GP practice to friends or family.

Aksyr Medical Practice

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 an Expert by Experience.

Background to Aksyr Medical Practice

The practice partnership provides services from two locations Preston Hill Surgery and Aksyr Medical Practice on Hilltop Avenue, both in the borough of Brent, around four miles apart. The local practice populations have markedly different socio-economic and demographic profiles. The practice population at Preston Hill Surgery has a higher proportion of older patients and is generally more affluent, whereas Aksyr medical practice at Hilltop avenue is located in an ethnically diverse area where there is high deprivation and the majority of the population are relatively young and between 0-54 years of age. Aksyr medical practice provides NHS primary medical services to patients in the Harrow Weald, Kenton and Kingsbury areas of North West London through a general medical services (GMS) contract. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures and maternity and midwifery services

The practice as a whole is run by three GP partners. The staff team based at Hilltop Avenue comprises of one GP male partner and a regular female locum who typically provide 13 clinical sessions in total per week. The practice also employs a business/practice manager who works two

days a week, a fulltime assistant practice manager, an advanced nurse practitioner who works two sessions a week, one healthcare assistant who works two full days a week and three reception staff.

The practice is open between 9am and 7pm on Monday, Tuesday, Wednesday and Friday and between 9am and 1pm on Thursday. Extended hours surgeries are offered on Tuesday from 7pm to 7.30pm. The answerphone redirects patients to their out of hours provider between 7pm and 9am. The practice is part of the Harness locality which constitutes of 21 practices led by a clinical director, where the GPs work together to improve health services for the patients in their area. Being part of the Harness locality ensures the practice is provided with staff cover and also allows them to refer their patients for evening and weekend appointments at the Harness locality hub.

The practice has a list size of 6163, divided equally between the two sites and provides care to 60 patients in residential nursing care. They provide a wide range of services including acute and chronic disease management, minor surgery, immunisations and vaccinations, family planning and screening services, ECG and blood pressure monitoring and phlebotomy.

This inspection report focuses on the service provided at Hilltop Avenue. However, the services at Hilltop Avenue and Preston Hill Surgery are provided through a single NHS contract and any reference to the Quality and Outcomes Framework data and the national GP patient survey results in this report relate to the combined performance of both surgeries.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 March 2016. During our visit we:

- Spoke with a range of staff including the lead GP, a practice manager, advanced nurse practitioner, a receptionist and two administrators.
- We spoke with five patients who used the service and one member from the PPG.
- Observed how patients were being cared for and talked with carers and/or family members.
- We made observations around the premises.

- Reviewed a sample of the personal care or treatment records of patients and documentation including audits and practice policies.
- 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

The system in place for reporting and recording significant events required improvement.

- 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Although we saw evidence that significant events were shared and lessons were learnt, we were not assured that the practice was recording all significant events. The practice had identified only three non-clinical significant events in the last three years. At inspection, the practice reported another significant event involving a vulnerable patient, but this had not been recorded in the significant events log.
- We saw evidence that patient safety alerts were being circulated amongst staff.

Overview of safety systems and processes

There were systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- The practice safeguarding arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had all received training relevant to their role. GPs were trained to child protection or child safeguarding level 3. One nurse had been trained to child safeguarding level 3 and the other nurse was trained to child safeguarding level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse was unaware of who the infection control lead was but she had recently been recruited into the practice. The practice liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing vaccines kept patients safe and the practice undertook regular cold chain audits. However, the arrangements for managing medicines including emergency medicines did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use; for example, the use of blank prescriptions were not logged. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the 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. (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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

(PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed six personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, gaps in employment had not been explored and there was no proof of identification or references for four members of staff. Registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been undertaken for five of the staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, with the exception of the nebuliser machine which had not been calibrated since 2014. The practice had a variety of other risk assessments in place 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty for example, when the healthcare assistant was absent, the nurse practitioner covered clinics in her absence. GP cover was provided by locum GPs.

Arrangements to deal with emergencies and major incidents

The arrangements in place to respond to emergencies and major incidents were not effective.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. There was a defibrillator available on the premises and oxygen with adult and children's masks; however, not all staff knew how to operate the defibrillator including clinical staff. A first aid kit and accident book were available.
- There were emergency medicines available in the treatment room however, we found not all clinical staff had received training in the use of these emergency medicines.
- 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.
- The practice had a comprehensive business continuity plan in place 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

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014/2015 were 85% of the total number of points available.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was lower than the national average. For example, the percentage of patients with diabetes on the register, in whom the last average blood sugar reading was normal was 64%, compared to the national average of 78%.
- Performance for mental health related indicators was lower than the national average. For example, the percentage of patients with mental health conditions, who had a comprehensive, agreed care plan was 70%, compared to the national average of 89%.

The diabetes indicators were below the national average and highlighted for further enquiry at inspection. The practice had a high incidence of diabetes in the CCG and had identified challenges engaging with this patient group due to high deprivation and constraints in relation to accessing healthcare. They had taken steps to improve patient outcomes for example, they recently recruited a nurse practitioner who undertook a monthly joint clinic

with the diabetic specialist nurse. A designated staff member was also responsible for recalling patients for their review and these patients were offered flexible appointments.

The practice scored below the national average for indicators for patients with mental health conditions. For example, only 70% of practice patients with a diagnosis of psychosis had a written care plan in place compared to the CCG average of 89%. The practice population was characterised by higher than average mental health needs and the practice told us that some patients were reluctant to engage with health services. The practice was able to demonstrate it provided a range of services for these patients. It worked with an external counselling service to engage patients, for example specifically from the Irish and Asian communities for culturally appropriate support with drug and alcohol misuse. The practice had good links with specialist mental health teams and followed up patients with mental health conditions who attended A&E.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, however, only one was a completed audit where the improvements made were implemented and monitored.
- The practice participated in national benchmarking, accreditation and peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an insulin audit undertaken to determine if insulin initiation in the community was beneficial in reducing the average blood sugar levels for patients initiated on insulin in the practice. Six patients were identified whose average blood sugar reading was higher than normal for example, 75mmol/l. These patients were discontinued on oral medicine and received multiple GP appointments that covered initial insulin initiation, self-management of insulin injections and post initiation monitoring visits. Within a two to 18 month period, all patients had engaged well with insulin initiation and their average blood sugar levels had improved to 40mmol/l. Patients also reported improvement in their general well-being and a decrease in their symptoms such as improved vision and recurrent urinary tract infections.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as the introduction of insulin initiation within the practice in conjunction with the diabetes specialist nurse and improved engagement with this population group.

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. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nurse practitioner had undergone training for diabetes and had achieved a diploma in diabetes management. She was also supported by the community diabetes nurse and attended regular diabetes update training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: fire safety awareness 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

We reviewed seven care plans and found these were comprehensive with detailed entries. However, we found

the arrangements for dealing with investigation and test results unsatisfactory. We saw evidence that some GP workflows were not being actioned in a timely manner and tasks were not being filed. For example:

- Abnormal blood tests from December 2015 for a child's Vitamin D levels had not been actioned or filed.
- A new patient health check undertaken in August 2015 had shown significant anaemia but the results had not been reviewed and were still classed as pending.
- Tasks dating back to 2008 had been actioned but not filed. We saw one discharge letter had been incorrectly filed in the wrong patient notes.

We were not assured that steps had been taken to rectify this.

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. For example, the practice worked with heart failure nurses who reviewed their housebound patients mainly on discharge from hospital to prevent further unplanned admissions. The practice also worked with the community dementia nurse in the management of their dementia patients. 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.

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. This included when undertaking minor surgery and joint injections.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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, smoking and alcohol cessation and children and young people with special needs. Patients were signposted to the relevant service.
- A dietician was available on the premises and the GP offered smoking cessation clinics which were also covered by a reception staff member who was a trained smoking cessation advisor.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability

and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

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 50% to 76% and five year olds from 54% to 88%.

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

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.

Most of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Some of the comment cards highlighted issues with access to appointments.

We spoke with one member of the patient participation group (PPG). They also 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 published in January 2016 showed the patients felt they were listened to and had confidence and trust in their GP. However, the practice achieved low satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 68% 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%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Consultation scores with nurses were significantly lower than the national average and the practice told us that this was as a result of the low availability of nurses. They told us that they had recently recruited a nurse practitioner two months prior as well as increased the healthcare assistant (HCA) sessions. However, we were not provided with evidence to show what action had been taken to address the areas of low score.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of inspection told us they felt they received a good service from the practice. However, not all felt listened to and supported by staff and some felt they did not have 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 were mostly positive but also aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published in January 2016 showed results were lower than local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 72% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice was aware of this data and issues relating to low satisfaction of consultations with some GPs that had been raised at the mother and baby group meeting; however, we were not provided with evidence to show what action had been taken to improve.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and a voluntary Somali interpreter was available at the practice on Tuesday and Thursday mornings.
- Information leaflets were available in easy read format and different languages.
- Discussion and communication by email was offered to patients in particular the working age group.

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 31 patients as carers (0.5% of the practice list). The practice told us that they distributed leaflets and encouraged carers to inform the practice on registration, but most patients did not want to be recorded as carers. They had a policy in place for supporting carers and they were provided with a carers pack. They were also offered suitable appointments, a carers needs assessment, health checks, flu vaccinations and advice. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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. For example, the practice was a part of the Harness locality which constituted of 21 practices led by a clinical director, where the GPs worked together to improve health services for the patients in their area. Being part of the Harness locality ensured that the practice was provided with staff cover and also allowed them to refer their patients for evening and weekend appointments at the locality hub.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours. Patients could also be referred to the hub which also offered late evening appointments between 6.30pm and 9pm on Monday to Friday and between 9am and 3pm Saturday and Sunday.
- Patients over 75 had a named GP, care plans in place and input from the multidisciplinary teams to prevent hospital admission in cases where they were having difficulty coping or deteriorating.
- There were longer appointments available for patients with a long term condition or learning disability and they were seen on the same day. These patients were also offered annual health reviews.
- 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.
- The practice offered electronic prescription requests as well as online and telephone booking for working age people. Email consultations and telephone consultations were also offered with a flexible call back service.

- The practice offered pregnant mothers flu vaccinations as well as antenatal and postnatal care. They also hosted a mother and baby group that met once a year. Baby changing facilities were also available.
- The practice offered sexual health screening as well as family planning services and advice for young people. Meningitis C vaccinations were offered to all new university students.
- The senior GP held joint clinics for substance misuse patients in conjunction with an external organisation set up to provide specialist clinical treatment services for drug and alcohol misuse patients.
- The practice utilised the single point of access service for mental health patients and their carers. Patients received quick access to the community mental health team as well as the home treatment team in times of crisis. They were offered same day appointments and referrals to external organisations for further support.
- There were disabled facilities available and a lift access to the practice. There was no hearing loop installed but the practice had identified this in their risk assessment and taken steps to install one. Patients were offered a British Sign Language (BSL) if required.
- There were translation services available and the practice recruited a voluntary Somali interpreter who was available at the practice on Tuesday and Thursday.

Access to the service

The practice was open between 9am and 7pm on Monday, Tuesday, Wednesday and Friday and between 9am and 1pm on Thursday. Extended hours surgeries are offered on Tuesday from 7pm to 7.30pm. The answerphone redirected patients to an out of hours provider between 7pm and 9am. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. Telephone appointments were offered daily between 12.30pm and 12.45pm.

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

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had taken steps to improve access to patient appointments by the introduction of the online appointment system and the email consultation system as well as recruiting the nurse practitioner. The practice was also conducting did not attend (DNA) audits and appointment audits to review the demands of their appointments system and adjust to their demand.

The practice had a system in place to assess:

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

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The reception team kept an updated list of their at risk patients so they could readily identify patients who may be in need of a fast track GP service. The lead GP was responsible for triaging urgent home visit requests and the at risk group of patients were offered priority assessment and a home visit if unable to attend the surgery. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, leaflets and posters displayed.

We looked at six complaints received in the last 12 months and found there were no non-clinical complaints recorded. However, when we reviewed the recorded complaints we found that they were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a new patient had experienced problems registering with the practice and investigation of the matter showed the practice had lost the patient's registration document. This was resolved with an apology to the patient and was discussed at their staff meeting.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which required updating. The practice told us that the current mission statement did not reflect the changes made within the practice and there were plans to introduce a new mission statement in the next financial year. Staff we spoke to were not aware of a mission statement being in place and were not clear on the practice values.

Governance arrangements

The practice's overarching governance framework which supported the delivery of the strategy and good quality care was not effective.

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective. There were ineffective monitoring of procedures in relation to the recording of significant events, medicines management, recruitment, equipment, dealing with emergencies and the actioning of results in a timely way.
- The practice was undertaking little clinical audit although we found internal audit was taking place to monitor quality and to make improvements for example, the appointment audits.
- Practice specific policies were implemented and were available to all staff.

Leadership and culture

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. However, we were not assured that the partnership was operating effectively. Two of the partners were based at the branch practice the majority of time and the partners expressed a desire to split the partnership due to logistical problems. They experienced challenges working across two sites and there was evidence of impact. For example, there was limited collaborative working to monitor and ensure that

processes and procedures at the main site were established and operated effectively in some areas for example, to handle all pathology results and action all workflows and tasks in a timely manner.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place 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; however, we were not assured that the practice was recording all incidents and complaints. For example, the practice had reported a significant event on the day of inspection that had not yet been recorded.

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

- Staff told us the practice held regular team meetings and we saw evidence of this.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had highlighted issues with the practice telephone system so the practice carried out an urgent review. They made improvements including increasing the back office function to receive overflow calls and to ensure extra staff were available during peak times.
- The practice had gathered feedback from staff generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example, staff had encouraged the practice management to sign up for the online appointment booking systems and electronic repeat prescribing service. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures 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 provider had not assessed the health and safety risks to patients by failing to identify the risks associated with poor medicines management and equipment checks. They had not ensured that all clinical staff were able to use emergency equipment. The practice failed to record all significant events that had occurred at the practice.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures 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>There were ineffective governance processes in place to monitor, identify and assess risks to the health, safety, and welfare of service users. For example, they did not maintain accurate and complete records of the decisions taken in relation to the care and treatment provided. They did not carry out systematic audits of guidelines through practice led risk assessments, audits and random sample checks of patient records.</p> <p>There were no robust systems and processes are established and operated effectively to ensure all pathology results and workflows were actioned in a timely manner.</p>

This section is primarily information for the provider

Requirement notices

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

Regulated activity

Diagnostic and screening procedures
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:

When we reviewed six personnel files, we found appropriate recruitment checks had not been undertaken prior to employment. For example, gaps in employment were not explored and there was no proof of identification or references for four members of staff. Registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been undertaken for all five of the six staff.

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