

# Dr Hafeez and Partner

## Quality Report

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

## Ratings

### Overall rating for this service

**Good**



Are services safe?

**Good**



Are services effective?

**Good**



Are services caring?

**Requires improvement**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of Dr Hafeez and Partner on 20 January 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law. We undertook a follow up inspection on 12 October 2015 to ensure improvements had been made and to assess whether the practice could come out of special measures. The practice was rated as requires improvement and removed from special measures.

The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Dr Hafeez and Partner on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this further announced comprehensive inspection of Dr Hafeez and Partner on 13 June 2017.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and generally well managed, although there were some areas of monitoring and record keeping that could be strengthened to ensure that safety was maintained.
- Data from the last published Quality and Outcomes Framework (QOF) showed some patient outcomes were below the national average. The practice had taken action to improve and from (unverified and unpublished) data provided by the practice showed that outcomes had improved to in line with average.
- Although the overall QOF exception rate was comparable with average, in 2015/16 some individual exception rates were higher than average. Unverified and unpublished data provided by the practice showed that most had improved to in line with average, although the exception rate for cervical screening remained above average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care. Satisfaction with GP consultation had improved in the last survey (published July 2016) but satisfaction with some aspects remained below average. The practice had taken action and hoped for improvement in the survey published in July 2017.
- Patients we spoke to said they were treated with compassion, dignity and respect.
- 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. Some patients we spoke to or received comments cards from told us of long waits after appointment times.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

At the last inspection we said that the practice should improve patient outcomes (as measured by QOF) and respond to areas of below average satisfaction in the national GP patient survey. We found that the practice had taken action to address these.

However, there were also areas of practice where the provider should still make improvements.

The provider should:

- Review the systems to monitor risks relating to the health, safety and welfare of service users (including those related to infection, action on safety alerts, and employment of non-permanent staff) to ensure that safety is maintained.
- Continue to monitor and take action to improve patient outcomes (including exception rates).
- Continue to monitor and take action to improve patient satisfaction with GP consultations (as reflected in national GP patient survey).
- Monitor and take action to improve the time patients wait after their appointment time.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed, although there were some areas of monitoring and record keeping that could be strengthened to ensure that safety was maintained.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the last published Quality and Outcomes Framework (QOF) showed some patient outcomes were below the national average. The practice had taken action to improve and from (unverified and unpublished) data provided by the practice showed that outcomes had improved to in line with average.
- Although the overall QOF exception rate was comparable with average, in 2015/16 some individual exception rates were higher than average. Unverified and unpublished data provided by the practice showed that most had improved to in line with average, although the exception rate for cervical screening remained above average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff 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.

# Summary of findings

## Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care. Satisfaction with GP consultation had improved in the last survey (published July 2016) but satisfaction with some aspects remained below average. The practice had taken action and hoped for improvement in the survey published in July 2017.
- Patients we spoke to said they were treated with compassion, dignity and respect.
- 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.

**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 to secure improvements to services where these were identified. The practice offered a minor surgery service, to save patients the inconvenience of a hospital referral and attendance.
- 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. Some patients we spoke to or received comments cards from told us of long waits after appointment times.
- 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**



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

**Good**



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, although there were some areas of monitoring and record keeping that could be strengthened to ensure that safety was maintained.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients had a named GP to support their care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the last published Quality and Outcomes Framework (QOF) showed some patient outcomes for diabetes were below the national average. The practice had taken action to improve and from (unverified and unpublished) data provided by the practice showed that outcomes had improved to in line with average.
- 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.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.

Good



# Summary of findings

- The practice achieved 79% for the cervical screening programme in 2015/16, which was comparable to the CCG and national average of 81%. The practice had an exception rate of 9% (102 of 1090 eligible patients), compared to a local average of 5% and a national average of 7%. Data from the practice submitted for the 2016/17 QOF (unverified and unpublished) showed that the practice had achieved 100% for cervical screening, with an exception rate of 10%. We looked at the practice systems and found that patients were appropriately encouraged to attend, and (from the cases we reviewed) excepted in line with guidance. Practice staff had some hypotheses for why the exception rate might be higher than average, but these had not been tested.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## Working age people (including those recently retired and students)

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

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

Good



## People whose circumstances may make them vulnerable

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

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

Good





# Summary of findings

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

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average.
- Performance for other mental health related indicators was comparable to or above the national average in 2015/16.
- 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 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and forty-nine survey forms were distributed and 120 were returned. This represented just under 3% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% 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%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 64% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which all had positive comments about the standard of care received.

Twenty-one of the cards had only positive comments and five had a mix of positive and negative comments.

We spoke with 17 patients during the inspection. All 17 patients said that staff were approachable and committed.

Across the patients we spoke to and the comment cards there were similar positive comments about the ease of access to appointments, the general atmosphere of the practice and the nursing staff. There was one critical comment common across the patients we spoke to and the comment cards, which related to waiting times (with patients reporting waits of 30 – 60 minutes).

# Dr Hafeez and Partner

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector. The team included a GP specialist adviser, a second GP specialist adviser (observer), and an Expert by Experience.

## Background to Dr Hafeez and Partner

Sutton Medical Practice is a medium sized practice based in Sutton. The practice has a patient list size of around 4600. The ethnicity of patients is mainly white British with a small mixed number of other ethnicities including Asian and Black Caribbean patients.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; and maternity and midwifery services at one location.

The practice has a Personal Medical Services (PMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two full time principal GPs, one GP working seven sessions and two regular locum GPs working one session each. There is a good mix of female and male staff.

The practice has two practice nurses working 30-34 hours per week combined, one full time practice manager and six administrative staff.

The practice is open between 8am and 8pm Monday to Friday, apart from Wednesday when the practice closes at 6.30pm. GP appointments are from 9am to 12pm every morning and 4pm, 4.30am or 5pm to 6.30pm on Monday and Wednesday and 8pm on Tuesday, Thursday and Friday. When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Hafeez and Partner on 20 January 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law. We undertook a follow up inspection on 12 October 2015 to ensure improvements had been made and to assess whether the practice could come out of special measures. The practice was rated as requires improvement and removed from special measures.

The full comprehensive reports on the previous inspections can be found by selecting the 'all reports' link for Dr Hafeez and Partner on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this further announced comprehensive inspection of Dr Hafeez and Partner on 13 June 2017.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 June 2017. During our visit we:

- Spoke with a range of staff including two GP partners, a salaried GP, a long term locum GP, a practice nurse, a health care assistant, the practice manager, the assistant practice manager and a receptionist and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and family members.
- Reviewed a sample of treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

**At our previous inspection on 20 January 2015, we rated the practice as inadequate for providing safe services as there were inadequate systems in place to monitor and manage risks (including infection control), to manage alerts about patient safety or medical emergencies. Arrangements to ensure children and vulnerable adults were kept safe from abuse were insufficient, and there was limited learning from safety incidents.**

**These arrangements had significantly improved when we undertook a follow up inspection on 12 October 2015. The practice was rated as good for providing safe services.**

**At this inspection, we found that the practice was providing safe services, although there were some areas of monitoring and record keeping that could be strengthened to ensure that safety is maintained. The practice remains rated good for providing safe services.**

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For

example, after a referral for an urgent consultation was sent to the wrong hospital by mistake, the practice changed how urgent referrals were submitted and introduced a system to check that patients had received an appointment.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These 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 all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff to level 1.
- 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 nurse was the infection control clinical lead who 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 last infection control audit (April 2017) was carried out with an infection control specialist from the Clinical Commissioning Group. This found some issues with cleanliness that the monitoring systems introduced after the first inspection (January 2015) had failed to

# Are services safe?

identify. The practice acted upon the findings of the April 2017 infection control audit and tightened the monitoring systems. We observed the premises to be clean and tidy and the monitoring systems to be in use.

- We reviewed the practice system for managing safety alerts, including those about issues with medicines. There was evidence that alerts were being shared and discussed, and but we there was no evidence of the decision making on individual alerts, since the practice had introduced the system in autumn 2015.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were a few occasions where the fridge used to store vaccines was recorded as being slightly above the maximum temperature range. Staff told us what action had been taken, but this was not documented.
- 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 and there were systems in place to monitor their use. Patient Group Directions (PGDs) 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.) The Health Care Assistant in post was not administering vaccines or medicines.
- No new staff had been recruited since we last inspected (when we reviewed the personnel files of all recently recruited staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We looked at the checks made on locum staff employed, and found that although appropriate checks had been made, not all had been fully documented. For example, there was a record that a DBS check had been seen, but no details of the date or other details.

## 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were 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 provided a full contraceptive service, but there was no atropine, a medicine used to treat a slow heart rate, which sometimes happens during contraceptive coil fitting. Staff demonstrated that this had been requested but had not arrived due to an administrative error. We were sent evidence shortly after the inspection that the atropine was in place.

## Are services safe?

- 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

**At our first inspection on 20 January 2015, we rated the practice as inadequate for providing effective services as there were inadequate processes for acting upon communication from other care providers and the results of diagnostic tests. There was no system to ensure that National Institute for Health and Care Excellence guidelines were implemented consistently and audit was not driving improvement. Multidisciplinary working was not routinely taking place. The practice manager and practice nurses had last received appraisals in early 2013.**

**These arrangements had improved when we undertook a follow up inspection on 12 October 2015. However, the practice's QOF data for 2014/2015 was much lower than the local and national average, with particular low performance for the care of patients with diabetes. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice was therefore rated as requires improvement for providing effective services.**

**At this inspection, we found that the practice had improved their effectiveness and so is rated good for providing effective services.**

### Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. NICE guidelines were discussed in clinical meetings, and staff had access to the guidelines and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were those from 2015/16. The 93% overall score showed considerable improvement from the previous year's overall score of 75%. The local average of 94% and the national average of 95%.

For 2015/16, performance for diabetes related indicators was mixed, with some indicators below the average.

- 64% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 75% and the national average of 78%.
- 65% of patients with diabetes had well controlled total cholesterol, compared to the local average of 77% and the national average of 80%.
- 75% of patients with diabetes had well controlled blood pressure, compared to the local average of 77% and the national average of 78%.

The practice had put considerable efforts into improving the care of patients with diabetes. A locum GP with a particular interest in diabetes was employed for extra sessions to telephone patients and encourage them to come in for their health tests (rather than a member of the administration staff) and to telephone patients whose diabetes was not well controlled to support improvement with medication and/or lifestyle changes.

The practice used audit to establish if the new way of working had worked. In January 2016, there were 244 patients on the practice diabetic register (and 233 judged eligible for inclusion in the intervention).

At that time, practice data showed that under 10% of patients had an HbA1c (blood sugar over time) of 59 or under. An HbA1c higher than 59 mmol/mol is a considered to be a warning sign that diabetes needs better control, if life changing complications are to be avoided. After the intervention (in November 2016) the percentage of patients an HbA1c of 59 or under had increased to 64%.

The practice continued with the approach of telephone calls from a GP, and involved more clinicians in reminding and encouraging patients to take action to improve their health. Despite this, when the practice re-audited in March 2017, the percentage of patients an HbA1c of 59 or under had decreased slightly to 63%. The practice thought that this was due in part to the number of patients newly diagnosed with diabetes as a result of NHS Health Checks (19 patients in the 8 month audit period), whose diabetes



# Are services effective?

## (for example, treatment is effective)

was not yet well controlled. The practice had also identified a number of patients with diabetes who were not engaging with the practice so they were developing ways to work with this group – including involving a local pharmacist and education programmes.

The practice shared with us the data submitted for the 2016/17 QOF year. This (unpublished and unvalidated data) showed that performance for diabetes had improved in the two areas that were previously below average, although control of blood pressure deteriorated somewhat.

- 72% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less.
- 73% of patients with diabetes had well controlled total cholesterol, compared to the local average of 77% and the national average of 80%.
- 69% of patients with diabetes had well controlled blood pressure, compared to the local average of 77% and the national average of 78%.
- Performance for mental health related indicators was comparable to or above the national average in 2015/16.
  - 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 91% and the national average of 89%.
- 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 88% and the national average of 89%.
- 96% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 86% and the national average of 84%.

In the 2015/16 QOF year the practice performed above average for the percentage of patients with atrial fibrillation, a heart condition that causes an irregular and often abnormally fast heart rate, treated according to guidance. The practice had 23 patients with the condition, two of which were excepted from the figures. 100% of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, who were treated with anti-coagulation drug therapy. The local average was 88% and the national average 87%.

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. The overall rate of patients that the practice excepted from the QOF figures was similar to local and national averages at 6%, compared to a local average of 4% and a national average of 6%.

The exception rates for some specific indicators or conditions were above average in 2015/16. We discussed these with the practice and saw that the rate of patients excepted was lower in the data submitted for the 2016/17 QOF year (currently unverified and unpublished). For example:

- In 2015/16, the practice had a 33% exception rate for patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, compared to a local average of 6% and a national average of 12%. Ten of 30 patients were excepted. In the data submitted for 2016/17, the rate was 17% (6 patients excepted).
- In 2015/16, the practice had an exception rate for face to face reviews of patients with dementia of 14% (4/28 patients), compared to local average of 7% and the national average of 7%. In the data submitted for 2016/17, the rate was 3% (One of 30 patients was excepted.)
- In 2015/16, the practice had an exception rate for the overall care of patients with atrial fibrillation of 10%, compared to local and national averages of 4% and 7%. In the data submitted for 2016/17, the rate was 2% (One of 41 patients was excepted, from one indicator.)

When we first inspected in 2015, there was little evidence of quality improvement driven by audit. At this inspection:

- There had been nine clinical audits carried out in the last two years, three of these were multi-cycle audits where the improvements made were implemented and monitored.
- In addition to audit to check improvements in diabetes, the practice had used audit to check and improve the number of patients who had had an NHS health check. The practice chose to focus effort on this as the health check identifies patients with, or at risk of, chronic diseases such as diabetes, so that they can be offered appropriate treatment and care.

# Are services effective?

## (for example, treatment is effective)

- At the time of the first audit (May 2016) the practice had 1623 patients who were eligible for a check (age patients between the ages of 40-74, not already identified as having a chronic disease) and only 55 patients (3%) were recorded as having had a health check.
- The practice put in place a plan to improve the uptake, and re-audited a year later. A further 55 patients had received a health check (identifying a number of patients with previously undiagnosed chronic conditions), equating to 10% of eligible patients having had a health check.
- The practice revised their action plan (including the use of a new health care assistant, to increase capacity for checks) and planned to re-audit in a further 12 months.

### 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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering 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: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service, including dieticians and smoking cessation advice.

The practice's uptake for the cervical screening programme was 79% in 2015/16, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the

# Are services effective?

(for example, treatment is effective)

national average of 81%. The practice had an exception rate of 9% (102 of 1090 eligible patients), compared to a local average of 5% and a national average of 7%. Data from the practice submitted for the 2016/17 QOF (unverified and unpublished) showed that the practice had achieved 100% for cervical screening, with an exception rate of 10%. We looked at the practice systems and found that patients were appropriately encouraged to attend, and (from the cases we reviewed) excepted in line with guidance. Practice staff had some hypotheses for why the exception rate might be higher than average, but these had not been tested.

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. 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. 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 relatively high when compared to the national

averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in three out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.9 (compared to the national average of 9.1). Percentage of children aged 1 with full course of recommended vaccines (81% compared to the target of 90%).

The practice was below the 90% target for one indicator; the percentage of children aged 1 with full course of recommended vaccines (81% compared to the target of 90%). Practice staff told us that this information did not appear to be correct. We checked the practice records and observed that four patients under the age of 13 months had not received the full course of vaccines (from a total of 55 patients) and that the practice had appropriate systems to ensure that all children received the appropriate vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

**At our inspection on 20 January 2015, we rated the practice as requires improvement for providing caring services as patients rated the practice below average for several aspects of GP consultation in the national GP patient survey.**

**When we inspected again on 12 October 2015 the practice remained rated as requires improvement for caring, as some of the indicators in the national GP patient survey had improved, but others remained below average.**

**At the time of this inspection, most indicators in the national GP patient survey were comparable to other practices but two remained below average. The practice is still rated as requires improvement for providing caring services.**

### 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.

We received 26 comment cards which all had positive comments about the standard of care received. Twenty-one of the cards had only positive comments and five had a mix of positive and negative comments.

We spoke with 17 patients during the inspection. All 17 patients said that staff were approachable and committed.

Across the patients we spoke to and the comment cards there were similar positive comments about the ease of access to appointments, the general atmosphere of the practice and the nursing staff.

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 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with average for satisfaction scores on consultations with nurses and for most aspects of consultations with GPs. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 87%.
- 88% 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 92%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.

## Are services caring?

- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

The practice had put in place an action plan to improve GP consultation skills following the July 2016 national GP survey results. The practice ran its own survey with similar questions to the consultation questions on the national GP patient survey, and received 20 responses for each GP. The responses were analysed systematically and an action plan put in place. Where the surveys indicated that this could be helpful, the practice arranged for GPs to attend the Royal College of GPs Consultation Course. The practice then re-surveyed a sample of 20 patients for each GP. The results showed improvement, which the practice was hopeful would be reflected in the next national GP patient survey data, due to be published in July 2017.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. GPs in the practice spoke some languages spoken in the local community.
- Information leaflets were available in easy read format.

### **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 88 patients as carers (just over 2% of the practice list). 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

**At our previous inspection on 20 January 2015, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.**

**These arrangements had significantly improved when we undertook a follow up inspection on 12 October 2015.**

**The practice remains rated as good for providing responsive services.**

### 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 a minor surgery service, to save patients the inconvenience of a hospital referral and attendance.

- The practice offered appointments with GPs until 8pm on Thursday and Friday for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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 was accessible for patients with restricted mobility, a hearing loop and translation services available.
- The practice had recently supported a member of the non-clinical staff to train as a health care assistant.

### Access to the service

The practice was open between 8am and 8pm Monday to Friday, apart from Wednesday when the practice closed at 6.30pm.

GP appointments were from 9am to 12pm every morning and 4pm, 4.30am or 5pm to 6.30pm on Monday and Wednesday and 8pm on Tuesday, Thursday or Friday. 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.

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.

- 84% of patients were satisfied with the practice's opening hours compared to the local average of 77% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the local average of 74% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. There was one critical comment common across the patients we spoke to and the comment cards, which related to waiting times (with patients reporting waits of 30 – 60 minutes).

GPs called patients requesting a home visit to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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 had recently been revised to ensure that it was 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.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, with openness and transparency with dealing with the

# Are services responsive to people's needs?

(for example, to feedback?)

complaint. The practice was not previously sending details of the NHS Ombudsman with their final responses, in case the patient was not satisfied, but we saw that this had changed with the revisions to the practice policy.

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, after a vulnerable patient was not offered an appointment as all of the urgent appointments were booked, the practice agreed a clear process for such situations and provided staff training.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 20 January 2015, we rated the practice as inadequate for providing well-led services as there was a lack of clear leadership structure and limited formal governance arrangements.**

**We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 12 October 2017. The practice was rated as good for being well-led.**

**Following this inspection, the practice remains rated good for being well led.**

### Vision and strategy

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

- Staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although there were some areas of monitoring and record keeping that could be strengthened to ensure that safety is maintained.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met



# Are services well-led?

Good 

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

regularly and discussed proposals for improvements with the practice management team. For example, the practice increased the availability of female GP appointments after discussion with the PPG.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was forward thinking and open to innovative approaches to improve outcomes for patients. For example, to improve diabetes care, the practice changed their approach and invested in additional GP resources to manage the whole process. Audit was used to review the effectiveness of the change.