

# Dr Simria Tanvir

## 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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Simria Tanvir (also known as North Hyde Road Surgery) on 19 January 2016. Overall the practice is rated as requires Improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Some risks to patients were assessed and well managed, but risk monitoring was not well embedded across all areas of the practice to ensure patients were kept safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt staff were helpful, polite, caring and treated them with dignity and respect.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure that risks are effectively assessed, monitored and mitigated across all areas of the practice. Including those for health & safety and not having a defibrillator for use in a medical emergency.

The areas where the provider should make improvement are:

# Summary of findings

- Provide training for staff undertaking chaperone duties.
- Review the environment cleaning schedule to provide clarity when cleaning tasks have been completed.
- Review the systems in place for the management of prescription forms to ensure they meet recommended guidance.
- Conduct a programme of complete cycle audits to demonstrate quality and improvement.

**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.

- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 safeguarded from abuse.
- Some risks to patients were assessed and well managed, but risk monitoring was not well embedded across all areas of the practice to ensure patients were kept safe.

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits linked to local and national guidelines were performed by the practice, however there were no completed cycle audits that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of annual appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Requires improvement



### Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at average for the locality and compared to the national average.

Requires improvement



# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits linked to local and national guidelines were performed by the practice, however there were no completed cycle audits that demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of annual appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice comparably to local and national averages for consultations with doctors and nurses.
- Patients said they felt staff were helpful, polite, caring and treated them with 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.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS London Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice reviewed their referral rates and unplanned admissions compared to other local practices to identify areas to make improvements.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was discussed and shared with staff at weekly practice meetings.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had an aim to provide high quality, accessible, comprehensive and preventive healthcare in a friendly environment.
- 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 governance framework which mainly supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk across some areas of the practice.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# 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 requires improvement for the care of older people. The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The principal GP was the clinical lead for safeguarding vulnerable adults and staff had received training and were aware of their responsibilities to raise concerns. Alerts were placed on the electronic records of vulnerable patients and they were offered longer appointments if required.
- Patients over the age of 75 years were offered annual health checks to review medication and create or update care plans.
- The practice identified older patients at risk of hospital admission and these patients were invited for review to create care plans aimed at reducing the risk.
- The practice held three monthly multi-disciplinary meetings to discuss and plan to meet the needs of older patients. The principal GP also attended CCG led meetings with local practices to discuss complex cases and share expertise to improve management.
- Home visits and longer appointments were available for older patients if required.
- The practice offered annual flu immunisations for patients aged over 65 years in line with national guidance and uptakes rates were comparable to national averages.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice maintained a register of patients with long-term conditions and they were invited for annual health checks and medication review.
- The practice identified patients with long-term conditions at risk of hospital admission and these patients were invited for review to create care plans aimed at reducing the risk.

**Requires improvement**



# Summary of findings

- The practice held three monthly multi-disciplinary meetings to discuss and plan to meet the needs of patients with complex medical issues. The principal GP also attended CCG led meetings with local practices to discuss complex cases and share expertise to improve management.
- Home visits and longer appointments were available for patients with complex medical needs if required.
- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 for chronic conditions such as diabetes and hypertension were similar to CCG and national averages.
- The practice offered flu immunisations for at risk patients in line with national guidance and uptake rates were in line with national averages.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The principal GP was the clinical lead for safeguarding children and staff had received appropriate training and were aware of their responsibilities to raise concerns.
- Same day appointments were available for un-well children and appointments after school hours were made available so children did not miss school to attend appointments.
- The practice offered childhood immunisations in line with national guidance and uptake rates were comparable to CCG averages.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 81%.

Requires improvement



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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Extended hour appointments were available for patients unable to attend the practice during normal hours. Telephone consultations were also available daily.

Requires improvement





# Summary of findings

- There were facilities to book appointments and request repeat prescriptions online.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The practice offered NHS health checks for people aged 40–74 with the HCA. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The principal GP was the clinical lead for safeguarding vulnerable adults and staff had received training and were aware of their responsibilities to raise concerns. Alerts were placed on the electronic records of vulnerable patients and they were offered longer appointments if required.
- The practice maintained a list of patients with learning disabilities and these patients were offered annual health reviews. All annual reviews had been completed at the time of inspection. Longer appointments were available for these patients if required.
- There were disabled facilities and translation services available. Several of the practice staff could speak different languages and there were signs in different languages to make patients aware of this service.
- The practice list was open to homeless patients to register and we were told they would use the practice address to facilitate referral processes to secondary services for these patients if required.

Requires improvement



## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and effective. 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

- The practice screened patients at risk of dementia and made referrals to local memory services if required. Patients diagnosed with dementia were offered the opportunity to create care plans to meet and manage their care needs.
- There were regular multi-disciplinary team meetings to discuss meeting the needs of patients with dementia and referrals were made to local health and social care services where necessary.
- The practice maintained a register of patients experiencing poor mental health.
- Patients experiencing acute mental health issues were offered weekly telephone contact with the principal GP for support and to signpost to local services if required.
- Patients were supported to access local counselling services for psychological treatment of depression and anxiety disorders.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 403 survey forms were distributed and 85 were returned. This represented 3% of the practice's patient list.

- 79% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 78%, national average 85%).
- 64% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 70%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Comments received described the staff as caring, polite, supportive and kind and described the environment as safe and hygienic. Several patients said they would highly recommend the practice to others.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were caring, helpful and professional. The results for the most recent Friends and Family Test (FFT) showed 90% of respondents would recommend the practice to a member of their family or friends.

# Dr Simria Tanvir

## 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, a practice manager specialist adviser and an Expert by Experience.

## Background to Dr Simria Tanvir

Dr Simria Tanvir also known as North Hyde Road Surgery is a well-established GP practice situated within the London Borough of Hillingdon. The practice is part of the NHS Hillingdon Clinical Commissioning Group (CCG) and is one of 15 practices in the Hayes and Harlington CCG locality. The practice provides primary medical services to approximately 3,200 patients and holds a core General Medical Services Contract. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening, treatment of disease disorder & Injury, maternity & midwifery services and family planning.

The practice team comprises of one principal female GP, one female regular locum GP who both work six sessions per week and a male locum GP who attends the practice one day fortnightly. They are supported by a part time female practice nurse, a health care assistant/receptionist, a practice manager, facilities manager and a receptionist. The practice is located on North Hyde Road with good transport links by bus. The practice premises include three consulting rooms, a conference room, administration rooms and patient waiting area. There is wheelchair entrance, disabled toilets and off street car parking is available nearby.

The opening hours are 9.00am – 7.00pm Monday, 9.00am – 7.30pm Tuesday and Friday, 9.00am – 1.00pm Wednesday, 9.00am – 6.30pm Thursday. The practice remains open during the lunch time period 1.00pm – 2.00pm. Appointments are available from 9.00am - 13.00pm and 3.00pm - 7.00pm Monday, 9.00am - 13.00pm and 4.30pm - 7.15pm Tuesday and Friday, 9.00 am - 13.00pm Wednesday and 9.00am -13:00pm and 4.30pm - 6.30pm Thursday. Telephone consultation appointments are available daily. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, childhood immunisations, cervical screening and travel vaccinations.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The practice had previously been inspected by the Care Quality Commission on 27 August 2014. This was not part of the CQC's new methodology and as a result the practice did not receive a rating, so we have re-inspected this location to give the practice a rating for the services they provide.

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.

# 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 19 January 2016. During our visit we:

- Spoke with a range of staff, including GP's, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events at the time they occurred however there was no evidence that an annual review was undertaken. The practice kept a daily message book where all incidents that occurred were documented.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had updated their maternity referral policy following a recent significant event involving a delayed secondary care referral. There was a written protocol for handling safety alerts and a record was kept of those received with a hand written note to indicate they had been discussed with staff and actioned where applicable. However, there was no formal record of the actions taken and whether changes had been implemented.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level 3.

- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, there was no evidence of formal chaperone training for non-clinical. The practice maintained appropriate standards of cleanliness and hygiene in clinical areas. The principal GP was the infection control clinical lead, there was an infection control protocol in place and the practice nurse had received up to date infection control training. There was evidence that annual self-assessment infection control audits were undertaken by the practice and actions had been taken to address any improvements identified as a result. However, there was no evidence that an independent infection control assessment had been undertaken in recent years. We observed the premises to be generally clean and tidy although it was noted that domestic cleaning could be improved in some areas. We saw for example, that window blinds in the waiting room were dirty and there was dust on the patient information leaflet rack. There was an environment cleaning schedule in place which listed the daily and monthly cleaning tasks to be undertaken by the external contract cleaner. However, it was unclear the date's that monthly cleaning tasks were completed or when a deep clean was scheduled.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored however there was not a robust system in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The

# Are services safe?

practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse was on the premises.

- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, references qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

## Monitoring risks to patients

Some risks to patients were assessed and well managed but risk monitoring was not well embedded across all areas of the practice.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy that covered procedures for emergencies, security and fire. Risk assessments were in place for infection control and control of substances hazardous to health. However there had been no formal health and safety risk assessment carried out for the whole practice environment. It was observed that a free hanging looped cord window blind was installed in the waiting room which could pose a potential hazard to young children attending the practice. The practice did not have an up to date fire risk assessment and could not demonstrate that regular fire drills were undertaken. There was no evidence that a legionella risk assessment had been performed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following the inspection we were provided with evidence that fire safety and legionella risk assessments had been carried out by external contractors. These had identified a number of actions that were required to be undertaken and we were told by the practice that most had been completed or were in progress.

- There was evidence of regular maintenance and testing of equipment and utilities. All electrical equipment had been recently checked to ensure safety of use and clinical equipment checked to ensure it was working properly. Certificates were in place to demonstrate recent servicing and testing of fire equipment and boiler maintenance.
- 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 to ensure that 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. However, it was observed that the practice only kept two of three recommended medicines for the treatment of severe anaphylaxis. Following the inspection we were provided with evidence that the absent medicine was now in place.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had medical oxygen available on the premises but did not have a defibrillator. We were told that the practice had considered the need to have a defibrillator but as at the last CQC inspection in August 2014, there was no formal risk assessment to demonstrate the rationale for this decision.
- 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 peoples' needs. We were told regular in-house clinical discussions took place, however there were no minutes kept of these meetings to confirm this.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### 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 95% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 86% which was similar to the CCG average of 86% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was similar to the CCG average of 82% and national average of 84%.
- Performance for mental health related indicators was 89% which was similar to the CCG average of 94% and national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, two of these were Clinical Commissioning

Group (CCG) led medicine audits. However, none of these were completed cycle audits where the improvements made were implemented and monitored.

- The practice participated in national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the principal GP regularly attended CCG meetings with other local practices to discuss clinical cases and share knowledge to guide management plans and improve care.

Information about patients' outcomes was used to make improvements such as; the practice engaged in local enhanced services to use screening tools to identify patients at high risk of hospital admission and invite them to review appointments to create and update care plans aimed at reducing this risk. The practice had achieved their 2% target for the completion of care plans in this patient group. A review of a random selection of anonymised patients' notes confirmed these care plans were up to date.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction pack for newly appointed staff that explained the day to day running of the practice and included a statement of confidentiality to be signed by the employee. The practice did not have a locum pack for locum doctors working at the practice, however we were told locum doctors would receive an informal induction to the practice from the principal GP.
- The practice could demonstrate how they ensured role-specific training and update for relevant staff, for example those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by 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



# Are services effective?

## (for example, treatment is effective)

scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support, confidentiality and information governance awareness. Staff had access to and made use of e-learning training modules.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated. These meetings were attended by a range of health professionals including community matron, district nurses, community palliative care nurse, health visitor and pharmacist.

### 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 (MCA) 2005. Staff had received training on the MCA as part of their safe guarding training.

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 assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on smoking cessation. Patients were then signposted to the relevant service.
- The practice ran an in-house smoking cessation clinic led by the health care assistant who had received appropriate training for this role.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% and five year olds from 86% to 95%.

Flu vaccination rates for the over 65s were 80% and at risk groups 67%. These were also comparable to national averages.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, polite, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. 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 mostly comparable to the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 70% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 67% said the GP gave them enough time (CCG average 80%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).

- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 82%, national average 87%)

The practice were aware of their lower GP satisfaction scores compared to local and national averages and endeavoured to improve this.

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

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

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

- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%)
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. In addition several of the practice staff could speak different languages and there were signs in reception area indicating the languages spoken.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice pro-actively encouraged patients to identify themselves as carers. An alert was placed on their

## Are services caring?

electronic patient record and they were offered additional support if required, for example annual health checks and flu immunisations. 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, the principal GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation if required 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 reviewed their referral rates and unplanned accident emergency (A&E) attendances compared with other local practices to identify areas for improvement. We were told there was a system in place for the GP to provide weekly telephone calls to patients who were frequent attenders at A&E to offer them support and advice. The practice used data to identify groups of patients who had higher than expected A&E attendances and arranged review meetings with the patient and family, the principal GP and community matron to identify areas where extra support could be provided to try and reduce these attendances. The principal GP attended CCG led meetings with local practices to discuss complex cases and share expertise and knowledge to improve management and outcomes for these patients.

- Patients over the age of 75 years were offered annual health checks to review medication and create or update care plans.
- The practice held three monthly multi-disciplinary meetings to discuss and plan to meet the needs of older patients, patients with long-term conditions and those receiving end of life care.
- Longer appointments were available for patients with complex medical needs if required.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. We were also told the practice would aim to keep post-school hours appointments free for children so they did not miss school to attend appointments if required.
- Extended hour appointments were available for patients unable to attend the practice during normal hours. There was also the facility to book appointments and request repeat prescriptions online.
- The practice maintained a list of patients with learning disabilities and these patients were offered annual health reviews. All annual reviews had been completed at the time of inspection.

- The practice was accessible for people with physical disabilities and disabled toilets were available. However it was observed that there was no bell on the outside door of the practice for wheelchair users to alert reception for their assistance in opening the door if needed.
- The practice screened patients at risk of dementia and made referrals to local memory services if required. Patients diagnosed with dementia were offered the opportunity to create care plans to meet and manage their care needs.
- The practice maintained a register of patients experiencing poor mental health. Patients experiencing acute mental health issues were offered regular telephone contact for support and to signpost to local services if required.
- The practice screened patients at risk of dementia and made referrals to local memory services if required. Patients diagnosed with dementia were offered the opportunity to create care plans to meet and manage their care needs.
- The practice maintained a register of patients experiencing poor mental health. Patients experiencing acute mental health issues were offered regular telephone contact for support and to signpost to local services if required.

### Access to the service

The practice was open between 9.00am – 7.00pm Monday, 9.00am – 7.30pm Tuesday and Friday, 9.00am – 1.00pm Wednesday and 9.00am – 6.30pm Thursday. Appointments were from 9.00am - 13.00pm and 3.00pm - 7.00pm Monday, 9.00am - 13.00pm and 4.30pm - 7.15pm Tuesday and Friday, 9.00am - 13.00pm Wednesday and 9.00am - 13.00pm and 4.30pm - 6.30pm Thursday. Extended surgery hours were offered on Monday from 6.30pm – 7.00pm and Tuesday from 6.30pm – 7.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent same day appointments were also available for people that needed them and telephone consultation appointments were available daily.

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

# Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).

However,

- 25% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 59%).
- People told us on the day of the inspection that they were able to get appointments when they needed them.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the 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 in the practice leaflet, on the practice website and on a poster displayed in the waiting room.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled in accordance with the complaint policy. Complaints were discussed as standing agenda item at weekly staff meetings. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about waiting time for an urgent repeat prescription, the practice updated their repeat prescription protocol and ensured all administration staff were aware of the procedure to follow for urgent prescriptions.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had an ethos to provide high quality, accessible, comprehensive and preventive healthcare in a friendly environment. This aim was detailed within the practice leaflet, however there was no mission statement or description of the practice vision and values displayed in the waiting area or on the practice website. Staff we spoke with were able to offer an interpretation of the practice ethos to deliver high quality care.

### 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
- A comprehensive understanding of the performance of the practice was maintained using Quality and Outcome Framework data and through peer review with other practices at CCG led meetings.
- Clinical audits initiated by the CCG and prescribing guidelines were used to monitor adherence to recommended best practice. However, there were no independent completed cycle audits to demonstrate quality and improvements to service.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. However these were not embedded across all areas of the practice.

### Leadership and culture

The principal GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. They were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

The practice team was small but there was a leadership structure in place and staff felt supported by the management team.

- Staff told us the practice held monthly practice 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the principal GP.

### 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), the Friends and Family test, patient suggestion box and complaints received. There was an active PPG which met three monthly and submitted proposals for improvements to the practice management team. For example, following feedback the practice began offering phlebotomy services in house so patients did not have to travel to local hospitals for their blood tests.
- The practice had gathered feedback from staff through monthly practice meetings and annual appraisals. As the practice team was small we were told feedback was

# Are services well-led?

Good 

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

also gathered through day to day discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff training

needs were well supported and continuous professional development was supported by comprehensive annual appraisal. The practice also engaged in local research projects to improve outcomes and management of various health conditions, including research into self-monitoring of high blood pressure and medication in the management of Alzheimer's disease.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had not conducted an annual health and safety risk assessment and did not have a documented risk assessment to underpin the decision not to have a defibrillator available for use in a medical emergency.</p> <p>This was in breach of regulation 12(1) (2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>