

Dr Hazem Lloyd

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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to Dr Hazem Lloyd	6
Detailed findings	7
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement

overall. (At the previous inspection undertaken in June 2016 the practice received a rating of Good overall, with a rating of requires improvement for being safe. A desktop review in October 2016 rated safe as Good.)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at Dr Hazem Lloyd, Cedar House on 5 December 2017. This inspection was carried out 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 was 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.

At this inspection we found:

- Patients told us in the 46 returned comments cards that the GPs, reception and administration team were kind and caring. Patients said they could always get an appointment and believed they received good care and treatment.
- Recruitment checks were not undertaken for locum GPs that were used occasionally at the practice.

Summary of findings

- Risk assessments for fire safety, infection control and Legionella were in place. General work place risk assessments were not adequate. General maintenance certificates such as a gas safety, electrical safety and portable appliance testing (PAT) were not available at the time of our inspection. However, the practice took action following our inspection visit and supplied copies of the gas maintenance certificate the week following the inspection, and confirmed PAT testing had been completed.
- The GP and nurses we spoke with knew how to identify and manage patients with severe infections. However, practice specific clinical pathways, procedures and protocols for care and treatment were not available, including one for responding to medical emergencies.
- The lack of defibrillator and protocol to follow in the event of a medical emergency potentially increased the risks to patients for not receiving safe effective care quickly.
- A system to routinely review the effectiveness and appropriateness of the care the practice provided was not well established for example a programme of clinical audit and re-audit and frailty assessments of older people were not in place.
- Nurses stated the GP was supportive. However, formal systems to support the nursing team were not established. For example, both nurses had not had an appraisal, did not attend staff meetings or clinical meetings, and a recorded process to audit decision making of the advanced nurse practitioner was not implemented.
- There was limited awareness of the accessible information standard; however, the practice confirmed they would implement this.
- A recorded strategy or business development plan to support the practice in meeting future challenges and priorities was not available. Governance

arrangements to monitor and review the service provided were not supported by clear objectives and actions plans. This had resulted in gaps in service delivery and performance.

- The practice did not have systems in place to engage with patients. The practice had not undertaken any form of consultation with patients and did not have a patient participation or reference group. This compromised the practice's ability to evaluate and improve the service it provided.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Please refer to the requirement notice section at the end of the report for more detail.

The areas where the provider **should** make improvements are:






- The practice should keep copies of training certificates such as safeguarding for all staff including locum staff.
- The practice should establish a log to capture patients' feedback, both positive and negative and use this feedback to support the governance of the practice.
- The practice should prioritise the security of the staff reception area and the consultation rooms.

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?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Requires improvement 

Summary of findings

The six population groups and what we found

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

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

Dr Hazem Lloyd

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Dr Hazem Lloyd

Dr Hazem Lloyd, Cedar House, 82 Bramhall Lane, Stockport, SK2 6JG is part of the NHS Stockport Clinical Commissioning Group (CCG). Dr Hazem Lloyd is the registered provider and is a single-handed GP. Services are provided under a general medical services (GMS) contract with NHS England.

The practice building provides ground level access, which is suitable for people with mobility issues, although automatic door openers are not available. A hearing loop to assist people with hearing impairment is not available. More information about the practice is available on their website address: www.cedarhousesurgery.co.uk

There are approximately 2400 registered patients. The practice population includes a higher number (59%) of patients with a long-standing health condition, and a higher number (6%) of people unemployed, in comparison with the CCG average of 54% and 5% respectively.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Dr Hazem Lloyd provides full time GP cover at the practice. The practice has one regular locum advanced nurse practitioner who works 12 hours per week and one regular locum practice nurse who works eight and half hours each week. There is a practice director, a practice manager and a team of three reception staff.

The practice reception is open between 8am to 6.30pm Monday to Friday, with extended hours on a Monday and Thursday evening until 7pm. The advanced nurse practitioner also provides extended surgeries on these evenings.

The practice offers a variety of GP surgery times, which are set two weeks in advance. Longer surgeries are provided on Mondays and Fridays. Both pre-bookable and urgent same day appointments are available each day.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to order prescriptions and request and cancel an appointment.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as inadequate for providing safe services.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly, who to go to for further guidance. The GP was trained to children's safeguarding level 3. The advanced nurse practitioner (ANP) stated they were also trained to level 3, although a certificate to evidence this was not available.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, upon recruitment and on an ongoing basis. However, evidence that checks were undertaken for locum GPs was not available. The GP explained that they used the same GP who was registered with the CQC at another local practice. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- Evidence that the practice had carried out portable appliance testing (PAT) on electrical equipment was not available at the time of our inspection. In addition, a gas safety certificate and an electrical safety certificate were not available. The practice took action in response to

this and provided a copy of a gas safety certificate the following week after the inspection. The practice also provided an invoice dated after the inspection that confirmed that PAT testing had been undertaken. Records showed that equipment was calibrated according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. These needed improving.

- There were arrangements for planning and monitoring the number and skill mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis and all were aware of the best practice guidelines. However, clinical care and treatment policies, procedures and protocols were not available, including one for responding to medical emergencies. This potentially put patients at risk.
- The health and welfare of patients were also potentially compromised, as the practice did not have a defibrillator available on the premises. There was a risk assessment in place, to support the practice's decision not to have this emergency medical equipment. However the risk assessment did not include actions to mitigate the assessed risk nor were clinical protocols and procedures available to support and guide staff in how to respond to a suspected cardiac risk or other medical emergency.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information and effective systems were established and monitored to ensure patients received a secondary care appointment quickly.

Safe and appropriate use of medicines

The practice had some reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Records to demonstrate the receipt and usage of prescription stationery were not available and the storage of prescription paper was not sufficiently secure.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice worked with local medicine optimisation team to monitor antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice monitored safety.

- The practice's management of risk needed improving. For example, the risk assessment policy was not implemented fully. We noted general work place risk assessments were basic tick lists and these did not contain information on how to mitigate risks. For

example, there was no risk assessment for slips trips and falls, or working with visual display equipment. A fire risk assessment was in place although a recent fire drill had not been undertaken.

- The practice monitored and reviewed activity. Two recent incidents involving agitated patients suggested the open plan nature and access of the reception area potentially put staff at risk. These were reviewed as part of the practice's significant event procedure and we heard that potential future developments of the service would incorporate a redesign of the ground floor layout and this would limit patient access to staff reception areas. However, these plans were in the very early stage of development and other action to mitigate risk to staff had not been considered.

Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The GP and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice identified learning and shared lessons at regular three monthly staff meetings. However, both the advanced nurse practitioner and the practice nurse did not attend these staff meetings and separate clinical meetings were not held. Minutes from the staff meetings were available on the shared drive. The nurses who worked at the practice confirmed they kept up to date informally through discussion with staff and access to meeting minutes on the shared drive.
- There was a system for receiving and acting on safety alerts. The practice director and manager showed us the action they had taken in response to one medicine safety alert. Clinicians we spoke to confirmed they always checked NICE guidance to ensure they were working to the most up to date best practice guidelines.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing effective services

Effective needs assessment, care and treatment

The GP and the two nurses who worked at the practice confirmed they always accessed the current evidence-based best practice guidance from their desktop computers. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. However, practice specific procedures supporting clear clinical pathways and protocols were not available. In addition, a programme of clinical audit and re-audit and frailty assessments of older people were not in place.

- Prescribing data for the practice for 01/07/2015 to 30/06/2016 showed that the average daily quantity of Hypnotics prescribed per Specific Therapeutic group was higher than local and national averages; 1.5 % compared to 1% locally and nationally. (This data is used nationally to analyse practice prescribing and Hypnotics are drugs primarily used to induce sleep.)
- Similar data for the prescribing of antibacterial prescription items showed that practice prescribing was comparable to local and national levels at 1%
- Data for specific antibiotic items such as Cephalosporins or Quinolones showed the practice had a lower rate of prescribing at 1.5% compared to local average of 3% and national average of 5%. (Cephalosporins or Quinolones are broad spectrum antibiotics that can be used when others have failed. It is important that they be used sparingly, to avoid drug-resistant bacteria developing).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The practice reviewed the effectiveness and appropriateness of the care provided in light of new guidance and alerts. For example, the practice response to a recent medicine safety alert for a blood-thinning

medicine resulted in patients prescribed this being contacted and provided with appropriate advice. The practice worked with members of the clinical commissioning group (CCG) medicine optimisation team to ensure that practice prescribing was carried out in line with local and national recommended guidelines.

A rolling programme of regular clinical audit and re-audit was not established. Since the previous inspection in May 2016 there was one complete two cycle audit available. This audit reviewed the number of patients who were prescribed a specific type of medicine to reduce blood pressure and to check if the required blood tests had been undertaken. Initial results identified 33% of patients required a blood test. The re-audit carried out six months later identified a 23% deficit. Actions to improve included continued recall of patients for blood tests and a further re-audit in six months.

The most recent published QOF results (2016/17) were 99% of the total number of points available compared with the CCG average of 98% and national average of 96%. The overall exception reporting rate was almost 11% compared the local average of 7% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice implemented a protocol of sending out repeated reminders to patients who did not attend for regular reviews of their health conditions and this included telephone contact, letters and text reminders.
- The practice used information about care and treatment to make improvements. For example, during 2017, the practice had implemented a targeted strategy aimed at patients between the ages of 35 and 74 to encourage them to attend for a health check. Public Health England commented positively in May 2017 on the improvement in the number of these health checks. We viewed evidence that showed the practice had increased the number of patients invited in for health checks over a period of 27 months. For example, in the second quarter of 2016/17, only 52 patients were invited in for a health check, and eight undertaken. Subsequent quarterly reporting periods showed significant increases

Are services effective?

(for example, treatment is effective)

in invitations sent out and actual reviews undertaken. The most recent data; quarter 2 for 2017/18 showed a total 487 invitations had been sent out with 108 patients receiving the review.

- The practice was actively involved in quality improvement activity. For example working with Public Health England the practice was actively identifying those patients at risk of developing diabetes (pre-diabetes). Once identified, these patients were signposted and encouraged to attend local education courses.

Older people:

- The practice patient list was small and the GP and the practice business and administration team had very clear understanding and awareness of their patients' health care needs. The GP advised that the practice had not yet implemented any assessments of older patients who were frail. (As of 1 July 2017, GP practices were required to routinely identify, using an appropriate assessment tool, moderate and severe frailty in patients aged 65 years and over). The business manager confirmed that the practice was in the process of implementing this.
- Patients aged over 75 were invited for a health check and if necessary, they were referred to other services such as voluntary services.
- The GP stated that the practice followed up on older patients discharged from hospital as required dependent on their clinical need.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice provided patients newly diagnosed with diabetes (type 2) with an information pack, containing guidance about the illness and signposting for education and support.

- The percentage of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 81%, which was below the CCG average of 83%, and just above the national average of 80%. The practice had a much higher rate of exception reporting at 17.5% compared to the CCG average of 12% and England average 13%.
- 83% of patients with hypertension had their blood pressure measured as less than 150/90 mmHg in the preceding 12 months which was slightly lower than the CCG average of 85% and reflected the national average of 83%. The practice's exception rate at 6% was higher than the local rate of just under 3% and national rate of 4%.
- 81% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG average of 78% and the national average of 76%. Exception reporting was also lower at 1% when compared with the CCG average of 3% and lower than the national average 8%.

Families, children and young people:

- The practice had a same day access policy for all children and young people up to the age of 18 years.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Data for childhood immunisation rates for the vaccinations given in 2016/17 indicated that the practice was achieving above the 90% target for each of the four indicators. The practice provided additional data from the child health team just after the inspection. This provided data for the 12 months to December 2017 and confirmed the practice continued to achieve highly above the 90% target for younger children and the under five year old age groups.
- The practice worked closely with the community midwife service and information packs were provided to all newly pregnant women.

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

- The practice's uptake for cervical screening was 81%, which reflected the coverage target for the national screening programme.

Are services effective?

(for example, treatment is effective)

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 34-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way that took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- QOF data for 2016/17 showed that 93% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was higher than the local average of 86% and national average of 84%. Exception reporting for these patients was high at 17.6% compared to the CCG average of 5% and 7% nationally.
- The advanced nurse practitioner (ANP) stated that they had undertaken all face-to-face reviews of patients registered and diagnosed with dementia in the last 12-month period.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was higher than the CCG average of 92% and the national average of 90%. Exception reporting for these patients was 0% compared to the CCG average of 8% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol

consumption, (practice 94%; CCG 92% and national 91%). Exception reporting for this indicator was also 0% when compared with local and national rates (CCG 7% and national 10%).

- The advanced nurse practitioner stated they saw several patients at the practice with low-level mental health issues and spent time supporting and signposting these patients.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and had a programme of statutory training in place. Records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided administration and reception staff with

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to support them. Information was shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The number of patients referred under the two-week-wait referral pathway who were diagnosed with cancer was lower than local and national averages (22% compared to 51% locally and 50% nationally).
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision-making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 46 (almost 2% of the patient population) Care Quality Commission comment cards we received were positive about the service experienced.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 320 surveys were sent out and 92 were returned. This represented almost 4% of the practice population. The practice was slightly below average for its satisfaction scores on consultations with GPs when compared with the local data and comparable to the local and national averages for consultations with nurses. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; CCG - 94%; national average - 91%.

- 96% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

CQC comment cards we received reflected only positive interactions with the GP, with many highly praising the GP.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care however, there was limited awareness of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- We observed staff communicating with patients in a way that they could understand. Staff knew patients by name and there was clear evidence of warm friendly interactions between patients and staff. CQC comment cards referred frequently on the friendliness and support of the reception team.
- Communication aids and easy read material were not readily available, however the practice manager confirmed they would take action to implement the Accessible Information Standard and provide information in different formats.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (1.75% of the practice list). The practice contacted these patients to offer them flu vaccinations. The practice manager confirmed they were looking at developing an information pack to better support these patients.

Are services caring?

Staff told us that if families had experienced bereavement, the GP contacted them dependent on the patient circumstances. Support and advice was offered as required.

Results from the national GP patient survey showed patients' responses for GP consultations were below both the local and national averages to questions about their involvement in planning and making decisions about their care and treatment. (The 46 patient CQC comments cards we received did not reflect this). Patients' responses in relation to nurse consultation were above local and national averages.

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.

- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. These included extended opening hours, online services such as repeat prescription requests, and advice services for common ailments.
- The practice improved services where possible in response to unmet needs. The practice had employed a locum advanced nurse practitioner (ANP) to provide weekly minor illnesses clinics and provide face-to-face assessment for patients diagnosed with dementia.
- The facilities and premises provided level access for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patients who were housebound were supported to order prescriptions over the telephone.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The ANP had weekly contact with the care home allocated to the practice. The ANP visited or telephoned the care home on alternate weeks to review the patients living there. This reduced the number of requests by the care home for urgent visits and ensured continuity of care for patients. Additional visits were provided in an emergency. All these patients had a care plan in place.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice had an open access policy for those patients identified at high risk, such as severe chronic obstructive pulmonary disease (COPD).
- The practice provided patients newly diagnosed with diabetes (type 2) with an information pack, containing guidance about the illness and signposting for education and support.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice worked closely with the community midwife service and information packs were provided to all newly pregnant women.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were offered two evenings each week until 7pm.
- The ANP offered minor illness surgeries also in an evening.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients were able to book appointments and order repeat prescriptions online.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with complex needs were offered longer appointments.
- There were monthly meetings with other health and social care professionals to discuss the care and treatment of vulnerable patients.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The ANP told us that all twelve patients diagnosed with dementia had an agreed care plan in place.
- The ANP provided support, guidance and signposting to patients with low-level mental health issues.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- Patients we spoke with said they had never had a problem getting an appointment and this was reflected in the 46 CQC patient comment cards we received.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they

could access care and treatment was higher overall, when compared to local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 83% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 94% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average – 71%.
- 83% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 88%; national average – 84%.
- 82% of patients who responded said their last appointment was convenient; CCG – 85%; national average – 81%.
- 93% of patients who responded described their experience of making an appointment as good; CCG – 78%; national average – 73%.
- 76% of patients who responded said they do not normally have to wait too long to be seen; CCG – 60%; national average – 58%.

Listening and learning from concerns and complaints

We were informed that no complaints had been made since the last inspection in May 2016.

- However, information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance.
- The practice manager confirmed they took complaints and concerns seriously and knew how to respond appropriately should a complaint be received.

A log of patients' comments both positive and negative was not maintained. This would support the practice in reviewing the service it provided to patients.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

Leadership capacity and capability

The GP was the leader of the service and a business director and a practice manager supported him.

- They were knowledgeable about issues and priorities relating to the quality and future of services.
- The practice had a small staffing team and they confirmed that the GP and practice managers were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- However, the practice vision and values were not supported by a recorded business plan or strategy and evidence that the practice's vision was aligned with local and national health and social care priorities was not readily available.
- The practice had three recorded objectives, which included providing equitable quality of care to all patients, to comply with legislation to provide safe well led services and to ensure patients are respected and cared for.
- The staff team confirmed that they discussed informally the service they provided and how to improve it. However, these discussions were not recorded.

Culture

The practice had a culture of providing personable sustainable care.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients. The GP, practice nurses and all staff knew their patients and their health and social care needs.

- The GP and all staff spoken with demonstrated a good understanding of responding to patients with openness, honesty and transparency. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing administrative and reception staff, with the development opportunities they needed. These staff had received regular annual appraisals in the last year.
- However, the two clinical nursing staff members who were locums but worked regularly at the practice had not had an appraisal nor was evidence available to demonstrate formal clinical supervision or audit of their clinical decision making was in place.
- There was a strong emphasis on the safety and well-being of all staff. However, direct action to improve safety or mitigate potential risks in response to two recent incidents involving patients had not been implemented.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

- We found the governance arrangements were not fully embedded. Structures, processes and systems to support good governance and management were not clearly set out or implemented. For example, gaps were evident in the systems of support and clinical auditing for the advanced nurse practitioner, clinical care and treatment procedures and protocols were not in place, a rolling programme of clinical audit was not established, evidence that some building checks had been undertaken was not available and action to improve the security of prescription paper was required.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

Managing risks, issues and performance

Are services well-led?

Requires improvement 

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

- Processes for managing risks, issues and performance required improvement.
- Some systems to identify, understand, monitor and address current and future risks including risks to patient safety were in place. However, these did not always adequately identify actions to mitigate potential risks and a system to monitor the effectiveness of the risk assessments was not implemented. Identified risks to patients that required improvement included the lack of defibrillator and lack of a medical emergency protocol, the lack of recruitment checks for locum GPs and lack of fire drill for staff and patients.
- The practice did not have a recorded process to manage current and future performance. Performance of employed clinical staff could not be demonstrated through audit of their consultations or prescribing.
- The business director and practice manager had oversight of MHRA alerts, incidents, and complaints.
- A rolling programme of clinical audit was not established, however, one recent two cycle audit did show some improvement in outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information. Both nurses working at the practice did not

attend the practice meetings but they confirmed they had access to meeting minutes. The advanced nurse practitioner confirmed that they discussed clinical issues frequently with the GP. This was on an informal basis and written records were not kept.

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

- The practice did not have systems in place to engage with patients. For example, there was no patient participation or reference group and the practice had not undertaken any form of consultation with patients.
- The practice reviewed patient feedback through the GP patient survey and the Friends and Family Test.
- The practice staff team had opportunity to share their views and opinions at the three monthly staff team meetings.

Continuous improvement and innovation

- The GP had commenced steps to extend the practice building and was reviewing the feasibility of improving the first floor of the building to provide space to relocate the administration team there. This would free up space on the ground floor to provide additional consultation rooms.

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 18 HSCA (RA) Regulations 2014 Staffing Requirements in relation to staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <p>Formal support for nursing staff was not in place. Nurses had not had appraisal, clinical supervision or attended staff meetings. Clinical meetings were not undertaken.</p> <p>Regulation 18(2)</p>

Enforcement actions

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>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Recruitment records for locum GPs were not available.• Practice specific procedures and supporting clear clinical pathways and protocols were not available. For example, there was no policy in place to respond to medical emergencies and the lack of defibrillator potentially compromised patient health and welfare.• Monitoring of clinical decision making of the advanced nurse practitioner was not undertaken.• Risk management including general workplace risk assessment was not comprehensive and did not clearly identify what the potential risks were or include actions to mitigate risk.• The use of prescription paper was not monitored and storage was not secure. <p>Regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

How the regulation was not being met:

- There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:
- Governance arrangements to monitor and review the service provided were not effectively established.
- They had failed to implement systems and processes to assess monitor and improve the quality and safety of services provided at the practice. For example, there was no system of support and clinical auditing of the nursing team, clinical care and treatment procedures and protocols were not in place, a rolling programme of clinical audit was not established and action to improve the security of prescription paper was required.
- The management of risk was not effectively identified, assessed or responded to.
- There was no clear plan of action to review and respond to gaps in service achievements.
- The practice did not engage with patients and had not undertaken any form of consultation with patients.

Regulation 17(1)