Dr Javaid Ahmad Mir

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at the Practice of Dr J A Mir on 19 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 19 September 2016 inspection can be found by selecting the 'all reports' link Practice of Dr J A Mir on our website at www.cqc.org.uk.

This inspection was an announced follow-up comprehensive inspection and was carried out on 9 August 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However there were gaps in some of the recording of the events and associated learning.
- The practice had clearly defined and embedded systems to minimise risks to patient safety, but systems did not always ensure good governance.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- There was clear leadership structure in place.

However, there were also areas of practice where the provider needs to make improvements.

Summary of findings

Importantly, the provider must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular:

- Ensure that accurate, complete and contemporaneous records are maintained securely in respect of each service user. In particular around the recording of significant events and the review of correspondence.
- Ensure staff received regular performance reviews

In addition the provider should:

- Keep its protocol to follow-up on medical alerts such as the Medicines and Healthcare products Regulatory Agency (MHRA) under review to ensure it is effective.
- Keep a formal record of all practice meetings.
- Carry out an annual review of patients with a learning disability.

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?

Good

The practice is rated as good for providing safe services.

- There was a system in place for reporting significant events but the recording needed to be improved.
- The practice had developed a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse.
- There were procedures in place for monitoring and managing risks to patient and staff safety.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations.
- The practice maintained appropriate standards of cleanliness and hygiene.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff had access to guidelines from NICE through emails and a link on their computers. The sharing of best practice and changes to clinical guidelines was discussed at clinical meetings however minutes of these meetings were not formally recorded.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of personal development plans for all staff but some staff had not received a recent appraisal.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure but the practice had felt the impact of recent changes to its management.
- The provider was aware of and complied with the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents, but the recording of these needed to be improved. We also saw some examples where for example the advice from safety alerts issued had not been acted on.
- Records of practice meetings were not kept.
- The practice proactively sought feedback from staff and patients, which it acted on. Steps were under way to re-start the patient participation group.
- Not all staff had received a recent appraisal.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered yearly health checks to all those aged 75 and over.
- Patients at risk of emergency hospital admission had a care plan which was reviewed regularly.
- Patients were invited to attend the surgery for vaccines to prevent illnesses such as the flu and shingles.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was taking action to improve the outcomes for patients with asthma, diabetes and chronic obstructive pulmonary disease (COPD). This was by providing self-management plans.

Families, children and young people

Good

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

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

Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day emergency appointments were available for children.
- Contraception advice and services were offered.

Working age people (including those recently retired and students)

Good

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

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

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability. All patients with a learning disability were offered an annual health check.
- The practice offered longer appointments for patients with a learning disability, which could be made at the start or end of a session to provide a calmer environment to patients who may get distressed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for mental health related indicators were comparable to local and national averages. For example, the percentage of patients with severe poor mental health whose alcohol consumption had been recorded in the last 12 months was 100% compared with the CCG average of 92% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. The practice offered open access to the surgery.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Three hundred and thirty survey forms were distributed and 111 were returned. This represented 4% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 67% national average of 71%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the CCG average of 75% and the national average of 77%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients told us that the staff provided a caring and efficient service, and were always willing to address any problems that they had. Patients felt they were always treated with dignity and respect and felt listened to. Patients told us that the practice was always clean and pleasant.

Dr Javaid Ahmad Mir

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 advisor.

Background to Dr Javaid Ahmad Mir

The practice of Dr J A Mir is registered with CQC as a partnership provider operating out of premises in Blurton. The premises are owned by Staffordshire and Stoke on Trent Partnership NHS Trust. The practice holds a General Medical Services contract with NHS England and is part of the NHS Stoke on Trent Clinical Commissioning Group. Car parking, (including disabled parking) is available at this practice.

The practice area is one of high deprivation when compared with the local and the national average. The practice has a larger than average number of children registered at the practice.

At the time of our inspection the practice had 3,076 registered patients. The practice is registered to undertake minor surgery.

The practice staffing comprises of:

- Two GPs (Both male, one locum)
- Two practice nurses (one of which is a long term locum nurse)
- The practice manager oversees the operational delivery of services with a team of six administrative staff.

The practice is open 8.30am to 6.00pm on Monday, Tuesday, Wednesday and Friday and 8.30am to 1pm on Thursday. The practice offers extended hours on a Monday evening where the practice is open until 8pm .

When the practice is closed patients are advised to call NHS 111 service for assistance.

Why we carried out this inspection

We previously undertook a comprehensive inspection of the Practice of Dr J A Mir on 19 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and effective service.

We undertook a further announced comprehensive inspection of the Practice of Dr J A Mir Health Centre on 9 August 2017. This inspection was carried out to ensure improvements had been made.

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 9 August 2017.

During our visit we:

- Spoke with a range of staff (including GPs, practice manager and receptionist) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area 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.
- Looked at information the practice used to deliver care and treatment plans.

Following our visit, we spoke with the nurse over the telephone.

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.

Good

Are services safe?

Our findings

When we inspected the practice on 19 September 2016, we rated the practice as requires improvement for providing safe services. This was because we found that the practice did not have a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The system relied on individual GPs receiving alerts and responding as appropriate. We saw evidence that the guidance had not being followed.

These arrangements had improved when we undertook a follow up inspection on 9 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- Staff knew their individual responsibility, and the process, for reporting significant events. Staff told us they would inform the practice manager of any incidents. At our last inspection, staff were completing an individual recording form to capture the detail of the significant events. At this inspection the recording form was not being used and summary of the significant events was captured on a spread sheet. From checking the spread sheet, we found that there were gaps in the information recorded, including the patients' identification number. There were also discrepancies noted between information on the significant events summary and on patients' records including the dates of the event.
- A culture to encourage duty of candour was evident through the significant event reporting process. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant events had been investigated. When required, action had been taken to minimise reoccurrence and learning had been shared and discussed at clinical meetings. Minutes of meetings however were not available.
- Five significant events had been recorded within the previous 12 months.

Following the requirements of the last inspection, the practice had implemented a formal system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). There was a spread sheet in use to record all alerts received and the action taken in response to these and an alert was placed on patient' records. Whilst there was an improvement in the management of these alerts, we found that further work was needed to ensure the system was fully embedded. For example, we found that two patients who required regular blood monitoring as recommended had not had the required tests within timescales.

Overview of safety systems and process

The practice continued to have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The lead GP was identified as the safeguarding lead within the practice. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurse had received level two training and the health care support worker and other staff had received level one training.
- Staff were made aware of children with safeguarding concerns by computerised alerts on their records. All letters from A&E for multiple attendances in children were screened by the lead GP to identify any issues relating to child safety including child protection. Staff told us that the practice invited patients in to be seen by a GP if they were frequent attenders to A&E.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and

knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.

- The practice had maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken, with the most recent one completed in August 2016. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines, (including obtaining, prescribing, recording, handling, storing and security). A log was kept of daily fridge temperatures to ensure vaccines were stored correctly. Since the last inspection, the practice had invested in a temperature data logger (a device designed to continuously monitor the fridge temperature). Steps had also been taken to prevent the fridge being turned off accidentally. Processes were in place for handling repeat prescriptions.
- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The practice had implemented an appropriate system to minimise the potential for a missed opportunity that a patient may receive the medicine without having received the necessary monitoring.
- The practice carried out regular medicine audits, with the support of the local clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were found to be signed and up to date.
- We reviewed two personnel files and found although the files were not in the best kept order and information not always kept together in one place, appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available.
- The building landlord had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The building landlord had carried out a legionella risk assessment and had performed regular water temperature testing and flushing of water lines. (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

Arrangements were 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 and a panic button which alerted staff to any emergency.
- All staff had received recent annual basic life support training.
- There were emergency medicines available to treat a range of sudden illnesses that may occur within a

Good

Are services safe?

general practice. These were securely stored and accessible to staff. Staff knew of their location. Since our last inspection, the practice had reviewed its practice of not holding emergency medicines within doctors' bags when they attended home visits. We found that doctors' bags contained emergency medicines, which were checked and in-date.

- The practice had a defibrillator available on the premises and oxygen with adult and children's' masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been recently reviewed and contained emergency telephone contact numbers.

Good

Are services effective?

(for example, treatment is effective)

Our findings

When we inspected the practice on 19 September 2016, we rated the practice as requires improvement for providing effective services. This was because we found that they did not always deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, we found that staff were not aware of clinical guidelines with regards to the diagnosis of chronic obstructive pulmonary disease (COPD) and asthma.

These arrangements had improved when we undertook a follow up inspection on 9 August 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

From discussions with staff, we found that they were familiar with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff told us that they had access to guidelines from NICE through emails and a link on their computers.

Staff told us that the sharing of best practice and changes to clinical guidelines was discussed at clinical meetings however minutes of these meetings were not formally recorded.

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 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The clinical exception rate was 13%, which was higher than the CCG rate of 9% and the national rate of 10%. (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 2015/2016 showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 91% compared to the CCG average of 83% and the national average of 80%. Clinical exception reporting for the practice was 12% compared to the CCG average of 9% and the national average of 13%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 89%. This was higher than the CCG average of 79% and the national average of 78%. Clinical exception reporting for the practice was 7% compared to the CCG average of 7% and the national average of 9%.

Performance for mental health related indicators were comparable to the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 70%, which was lower than the CCG average of 84% and the national average of 84%. Clinical exception reporting for the practice was 9% compared to the CCG and the national average of 7%.
- The percentage of patients with severe poor mental who had a comprehensive, agreed care plan documented in their record, in the last 12 months was 88% compared with the CCG average of 90% and the national average of 89%. Clinical exception reporting for the practice was 14% compared to the CCG average of 12% and the national average of 13%.
- The percentage of patients with severe poor mental health whose alcohol consumption had been recorded in the last 12 months was 100% compared with the CCG average of 92% and the national average of 89%. Clinical exception reporting for the practice was 11% compared to the CCG average of 9% and the national average of 10%.

There was evidence of quality improvement including clinical audit. There had been audits completed in the last two years that had been both internally and externally driven. Some of these audits were completed audit cycles, where the improvements made were implemented and monitored. For example, the practice had undertaken an

Good

Are services effective?

(for example, treatment is effective)

audit of their hypnotic prescribing. The practice had reviewed patients on long-term hypnotics with a view of reducing their use. A second cycle audit showed a 61% reduction in the number of patients on hypnotics.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as asthma and chronic obstructive airways disease (COPD).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through appraisals, but not all staff had received a recent appraisal. Staff however told us that the practice was supportive towards any requests for professional development.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.
- This included care and risk assessments, care plans, medical records and investigation and test results. We saw two examples, however where incoming correspondence from secondary care had been scanned onto the practice's computer system without evidence that the GP had reviewed the correspondence and taken action.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals every six to eight weeks when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff were aware of the importance of gaining and recording consent. Since our last inspection, staff had received training to refresh their knowledge for example in the Mental Capacity Act 2005, Fraser guidelines and Gillick competencies.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- There was evidence of advanced planning in failing health for example advanced directives for people with dementia.

Supporting patients to live healthier lives

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

- The practice offered NHS Health Checks for patients aged 40 to 74 years of age to detect for emerging health issues such as diabetes and hypertension. All new

Good

Are services effective?

(for example, treatment is effective)

patients were given a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

- The practice worked with their patients to develop self-management plans for diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 79% and the national average of 81%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The number of patients who engaged with national screening programmes was lower than local and national averages:

- 62% of eligible females aged 50-70 had attended screening to detect breast cancer .This was lower than the CCG average of 72% and national average of 73%.
- 46% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 52% and national average of 58%. Unverified data shared with us on the day of the inspection showed that there had been an increase in the uptake of bowel screening to 55%. This increase was a result of better follow-up of patients who did not attend their screening appointments.
- Childhood immunisation rates for the vaccinations given were above average when compared with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and five year olds from 89% to 98%.
- The practice held a register of patients living in vulnerable circumstances including 29 with a learning disability. We looked at the records of three patients with a learning disability and found that an annual review had not been completed.

Good

Are services caring?

Our findings

At our previous inspection on 19 September 2016, we rated the practice as good for providing caring services.

Kindness, dignity, respect and compassion

During the follow up inspection carried out on 9 August 2017 we observed that 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 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed the practice was below average for its satisfaction scores on consultations with GPs. For example:

:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 85% the national average of 86%.

However the practice was comparable to the CCG and national averages for its satisfaction scores on consultations with nurses. For example:

- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.

However, the results for nursing staff were comparable to the CCG and national averages. For example

Good

Are services caring?

- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 71 patients as carers, which equated to 2% of the practice list. The practice attempted to identify carers by asking a question on the new patient registration packs whether they were a carer. A statement also appeared on repeat prescription sheets asking patients to talk to receptionists if they were carers. Information was on display in the waiting area, signposting carers to various support groups. Staff told us that carers were offered an annual health check.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. There had been occasions where staff had attended the funerals of their patients. The practice would also provide advice on how to find a support service where required.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected the practice on 19 September 2016, we rated the practice as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Appointments were offered outside of normal working hours. Working patients who could not attend during normal opening hours or patients who relied on working relatives to bring them to surgery could attend appointments with the GPs up to 7.30pm on Monday evenings.
- The practice offered flexibility in the way patients could book an appointment, including face-to-face, telephone and online booking.
- There were longer appointments available for patients with complex needs including for example, people with a learning disability, and people who had drug and alcohol dependency.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.

Access to the service

The practice was open 8.30am to 6.00pm on Monday, Tuesday, Wednesday and Friday and 8am to 1pm on Thursday. The practice offered extended hours on a Monday evening. Appointments were from 9.30am to 12.00pm each morning. Afternoon appointments were from 3.20pm to 5.40pm on Tuesday, Wednesday and Friday. Later appointments were available on a Monday evening from 3.20pm to 7.30pm.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was in line with or higher than local and national averages, in some instances significantly higher, for example:

- 76% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 79% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 71%.
- 75% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 83% and the national average of 84%.
- 65% of patients felt they did not normally have to wait too long to been seen compared to the CCG average of 58% and national average of 58%.
- 80% of patients said the last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.

Both patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary; and

the urgency of the need for medical attention.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. Full details of how to make a complaint was available in the waiting area.
- We looked at three complaints received in the last 12 months. We found that they were satisfactorily handled, dealt with in a timely way, and with openness and transparency. There were details about lessons learnt from individual concerns and complaints and the practice also recorded and responded to verbal complaints received.

Are services well-led?

Requires improvement

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

Our findings

When we inspected the practice on 19 September 2016, we rated the practice as good for being well-led.

Vision and strategy

The practice shared their practice philosophy with their patients. A practice charter leaflet was available in the waiting room and patients were encouraged to take one. The practice aimed to offer the highest standard of health care and advice to their patients, with the resources available to them. The practice had a team approach to patient care and endeavoured to monitor the service provided to ensure it met current standards of excellence.

Staff spoke positively about their work and felt proud to be part of the team. Staff felt that they cared very much for their patients.

Governance arrangements

Governance within the practice was mixed. We saw examples of risks that had been well managed:

- The practice had effective processes in place in a number of areas, for example: There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example there was a lead nurse for infection control and GPs had lead roles in safeguarding.

There were areas of governance that required strengthening, for example:

- The systems in place did not ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.In particular around the recording of significant events and the review of correspondence.
- We also saw some examples where for example the advice from safety alerts issued had not been acted on.
- Not all staff had received regular performance reviews.
- We saw two examples, where incoming correspondence from secondary care had been scanned onto the practice's computer system without evidence that the GP had reviewed the correspondence and taken action.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Since the last inspection, the practice had experienced a change to its management. The previous manager retired having been managing the practice for around 20 years. Staff told us that the practice was adjusting to this change but the loss of this member of staff had been significant.

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with their manager. Staff also described the culture as friendly, caring and supportive but morale among the reception staff had suffered of late. Staff told us they felt morale would improve once an additional member of staff had been appointed to join the reception team.

The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). A culture of openness and honesty was promoted.

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.

- At the time of the inspection, the practice did not have an active patient participation group (PPG) although they had one in the past. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). The practice was working on re-establishing the group and promoting the group in a number of ways including asking patients as part of the new patient registration form whether they would be interested.
- The practice had recently conducted their own patient survey, and the results had been discussed at their practice meeting. A short-term and long-term plan had been put in place to try and address the feedback from patients. Changes had been implemented in response to the feedback, which included increasing the number of nurse hours available to patients.

Are services well-led?

Requires improvement

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

- Staff told us they felt able to provide feedback and discuss any issues relating to the running of the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: around the recording of significant events and the review of correspondence. • Not all staff had received regular performance reviews.