Dr Naz Asghar

Quality Report

70A Norwood Road
Southall
Middlesex
UB2 4EY
Tel: 020 8574 1822
Website: www.welcomepractice.nhs.uk

Date of inspection visit: 10 August 2017
Date of publication: 14/12/2017

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Inadequate
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 carried out an announced comprehensive inspection at Dr Naz Asghar, also known as the Welcome Practice on 2 August 2016. The overall rating for the practice was Inadequate and the practice was placed into special measures. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr Naz Asghar on our website at www.cqc.org.uk.

We undertook this announced comprehensive inspection on 10 August 2017 to check that the practice had made improvements in order to meet the legal requirements in relation to the breach of regulations 12 (Safe care and treatment), 18 (Staffing) and 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report covers our findings in relation to those requirements.

Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- The practice had systems in place to minimise risks to patient safety; however, there was a lack of formal protocols in place to ensure that the Healthcare Assistant worked within their scope of competence.
- During the initial inspection in August 2016 we found that the practice's arrangements to monitor the performance of the practice, including those relating to clinical audit, were insufficient. At this re-inspection we found that the practice had addressed several issues relating to the practice's performance and that this was being monitored; however, there were some areas where improvements were still required, particularly in relation to their exception reporting rate.
- During the previous inspection we found that not all members of staff were aware of their responsibility to inform the GP of safety incidents, and that when incidents were reported, the practice did not undertake a thorough analysis to establish what had happened and what lessons could be learned. When

Summary of findings

we re-inspected we found that processes had been put in place to ensure clear and consistent recording of incidents, and that all staff were aware of the processes and their responsibilities.

- During the previous inspection we found that the practice had failed to complete background checks during the recruitment of some staff, and that not all staff had received an appraisal. When we re-inspected we found that background checks had been completed for all staff recruited following the first inspection, and that all staff had received an appraisal.
- At our previous inspection in August 2016 we found that the practice did not have adequate arrangements in place to mitigate risks, including those relating to their ability to respond to medical emergencies. When we re-inspected we found that these issues had been addressed.
- During the previous inspection we found that the practice had insufficient arrangements in place in order to identify patients with caring responsibilities. When we re-inspected we found that these arrangements had improved and the practice had increased the number of patients identified as having caring responsibilities by over 50%.
- During the previous inspection we found that there was a lack of management capacity, which had resulted in a lack of effective governance processes. When we re-inspected we found that a Practice Manager had been appointed and that processes were in place to ensure that staff were supported.
- Care planning was in place for patients who needed additional support; however, patients were not routinely provided with a copy of their care plan and there was a lack of focus on improving clinical outcomes.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.
- Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

In addition the provider should:

- Maintain the newly introduced cleaning schedule for clinical equipment.
- Record emergency contact telephone numbers within the business continuity plan.
- Make all staff aware of the location of emergency alert buttons.
- Consider whether it is appropriate to provide patients with a copy of their care plan.

This practice will remain in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Services placed in special measures will be inspected again within six months. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Requires improvement

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

- The practice had some systems, processes and practices to minimise risks to patient safety.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents; however, not all staff were aware of the system for summoning help in an emergency.
- There was a schedule for cleaning of the premises. However, there was no schedule or record of cleaning of clinical equipment.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data from the most recently published Quality and Outcomes Framework (2015/16) showed some patient outcomes were below the national average; the practice showed us the data they had submitted for the 2016/17 reporting year which showed improvement for some clinical outcomes, but their exception reporting rate remained above the local and national average.
- Clinical audits were carried-out and demonstrated quality improvement; however, these did not always include details of processes introduced to maintain the improvements made.

Summary of findings

- Staff received some training relevant to their role, but the practice had failed to assure themselves that all staff had the skills and knowledge to deliver effective care and treatment. Patients were at risk due to the practice's failure to ensure that staff had competence to carry-out their roles.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patient satisfaction with the care they received from the practice was comparable to local and national averages.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was 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.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, following requests from patients, the practice set-up an in-house Warfarin clinic, which allowed patients to attend the practice for blood tests rather than having to travel to the local hospital.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- 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.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Summary of findings

Are services well-led?

Requires improvement

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients; however, in some areas the practice did not have the governance arrangements in place to deliver this vision and ensure that risks to patients were minimised.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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

The provider was rated as requires improvement for providing safe and well led services and inadequate for providing effective services. These issues affected all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, records were shared with the local physiotherapy service.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for providing safe and well led services and inadequate for providing effective services. These issues affected all patients including this population group.

- The Healthcare Assistant (HCA) had a lead role in reviewing patients with long-term conditions and had received some training in this; however, the practice had failed to put in place formal guidance and arrangements to ensure that the HCA worked within their scope of competence.
- The most recent published data (2015/16) showed that the practice scored below average for the treatment of patients with diabetes and lung disease. Unverified 2016/17 data showed improvement for some aspects of diabetes management but not for lung disease.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for providing safe and well led services and inadequate for providing effective services. These issues affected all patients including this population group. There were, however, examples of good practice.

- From the sample of documented examples we reviewed, 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.
- Immunisation rates were below National target for all standard childhood immunisations; however, the practice had identified that this could be due to an error in how the practice were recording vaccines given, which they had recently addressed.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for providing safe and well led services and inadequate for providing effective services. These issues affected all patients including this population group. There were, however, examples of good practice.

- The needs of these populations 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 for both GP and Healthcare Assistant appointments.
- 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; however uptake for screening was below local and national average.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for providing safe and well led services and inadequate for providing effective services. These issues affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice did not routinely schedule longer appointments for patients with a learning disability, but we were told that patients were given additional time during appointments as necessary.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for providing safe and well led services and inadequate for providing effective services. These issues affected all patients including this population group. There were, however, examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average; however, the practice had an exception reporting rate of 29% (9 out of 32 patients) for this indicator.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Summary of findings

- 96% of patients with a mental health condition had their care reviewed in the past 12 months, which was higher than the national average; however, the practice had an exception reporting rate of 22% (7 out of 32 patients) for this indicator.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 thirteen survey forms were distributed and 94 were returned. This represented approximately 3% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and national average of 71%.
- 82% 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 79% and national average of 84%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and national average of 85%.
- 68% 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 69% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards and all except two of these were positive about the standard of care received. Patients commented that staff at the practice were kind and caring and that they were given enough time during appointments.

We spoke with seven patients during the initial inspection. Overall, patients we spoke to said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Naz Asghar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was made up of a CQC Lead Inspector, a GP specialist adviser and an Expert by Experience.

Background to Dr Naz Asghar

Dr Naz Asghar, also known as the Welcome Practice, provides primary medical services in the London Borough of Ealing to approximately 3,000 patients. The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice operates from one site. The surgery is a converted residential property over two floors. There is stepped and ramp access to the ground floor waiting area and reception desk. The ground floor also comprises four consulting rooms and one nursing room. The first floor comprises practice management facilities including staff room, meeting room and offices.

The practice clinical team is made up of one full time female principal GP, one part time female GP locum, one part time practice nurse, one full time healthcare assistant (HCA) and other non-clinical staff. The practice provides a total of eight GP sessions per week.

The practice is open between 8:15am and 6:15pm every weekday except Wednesday when they close at 1pm. Extended hours appointments are available for both the GP and Healthcare Assistant on Tuesday evenings until 8pm.

When the practice is closed, patients can call NHS 111 to access the out of hours service.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder or injury, diagnostic and screening procedures. At the time of the inspection, the practice was made aware that their registration with CQC was incorrect and that there were additional regulated activities that they were performing, which they needed to be registered for. The practice undertook to resolve this issue immediately.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Naz Asghar on 2 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services and requires improvement for providing caring services. The practice was placed into special measures for a period of six months. We also issued a requirement notice to the provider in respect of safety and staffing.

We undertook a further announced comprehensive inspection of Dr Naz Asghar on 10 August 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the Clinical Commissioning Group, to share what they knew. We carried out an announced visit on 10 August 2017. During our visit we:

- Spoke with a range of staff including the principal GP, practice manager, healthcare assistant, and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.

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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 2 August 2016, we rated the practice as inadequate for providing safe services, as the arrangements in respect of significant events, background checks for staff, the assessment and mitigation of risks, and the practice's ability to respond to medical emergencies were not adequate.

We issued requirement notices in respect of these issues and placed the practice in special measures. When we undertook a follow up inspection of the service on 10 August 2017 we found that the practice had made improvements in these areas; however, there were some further areas where we considered the practice needed to make changes to improve safety. The practice is now rated as requires improvement for being safe.

Safe track record and learning

During the initial inspection in August 2016 we found that only some members of staff were aware of their responsibility to inform the GP of any incidents, and that when incidents were reported, the practice did not undertake a thorough analysis to establish what had happened and what lessons could be learned.

When we returned to the practice to re-inspect we found that the practice had put processes in place to effectively record, analyse and learn from significant events.

- Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded an incident where an electrician had turned off the plug for the vaccines fridge when he attended to carry-out work at the practice. This resulted in the vaccines stored in the fridge having to be destroyed. Following this incident, the practice introduced a protocol to be followed when electrical works were carried-out on the premises in the future, which included transferring vaccines to a buddy practice where necessary.

Overview of safety systems and process

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurses were trained to child protection or child safeguarding level 3 and the HCA was trained to level 2. All non-clinical staff were trained to child protection or child safeguarding level 1.
- A notice in the waiting room advised patients that chaperones were available if required. During the initial inspection in August 2016 we found that all staff who acted as chaperones were trained for the role; however, the practice had not carried-out a Disclosure and Barring Service (DBS) check on these members of staff (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice

had not risk assessed the decision not to carry-out DBS checks. When we returned to the practice we saw evidence that DBS checks had been carried-out on all staff who acted as chaperones.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The principal GP was the infection control clinical lead; we were told that she was supported by the healthcare assistant and practice manager. There was an infection control protocol in place and staff had received up to date training. Cleaning schedules were in place for the cleaning of the practice premises; however, there was no cleaning schedule or record for the cleaning of clinical equipment. This was put in place on the day of the inspection. Quarterly infection control audits were undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor was on the premises (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- During the initial inspection we found that recruitment checks undertaken prior to employment of permanent, contract and locum staff to be incomplete. During the follow-up inspection we reviewed three personnel files, including the file of a member of staff recruited since the previous inspection, and found these to all contain complete information; 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

During the initial inspection we found that there were some procedures in place for monitoring and managing risks to patient and staff safety, but that some risks to patients were not well managed.

When we re-inspected the practice we found that improvements had been made:

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. During the August 2016 inspection we found that not all staff had been provided with the relevant health and safety training, the practice did not carry-out regular fire drills and not all staff had received fire safety training, electrical equipment had not been checked within the past 12 months to ensure the equipment was safe to use and clinical equipment was not checked to ensure it was working properly. When we returned to the practice to re-inspect in 2017 we found that there was a programme of fire alarm testing and full evacuation drills, which were all recorded. Staff had received fire safety training and there were designated fire marshals. We also saw evidence that electrical equipment had been checked and that a contract had been established for annual checking to take place.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

During the initial inspection in August 2016 we found that the practice did not have adequate arrangements in place to respond to emergencies and major incidents, as the practice did not have a defibrillator available on the premises, and no risk assessment had been completed in

Requires improvement

Are services safe?

relation to this. When we returned to re-inspect in August 2017 we found that a defibrillator had been purchased, staff had been trained to use it, and processes were in place to check it was in working order.

We also found:

- There was a panic alarm system on the computers in all the consultation and treatment rooms that alerted staff to any emergency; however, not all staff were aware of its location.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Oxygen was available at the premises; however, the appropriate masks were not available. Immediately following the inspection the practice provided evidence to show that the correct masks had been made available and were stored with the oxygen cylinder.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice did not have any glucagon (glucose gel used to treat low blood sugar) as part of their emergency medicine kit, as they explained that they had a large Muslim population, and glucose gel contained ingredients which many Muslims could not ingest for religious reasons; the practice had high-sugar drinks available, which they felt would be an adequate treatment for a patient with hypoglycaemia.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. Emergency contact numbers for staff were available on a separate sheet; however, this was not embedded within the business continuity plan document.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 August 2016, we rated the practice as inadequate for providing effective services as the arrangements in respect of the performance of the practice, clinical audits and staff appraisals and training were not adequate.

We issued requirement notices in respect of these issues and placed the practice in special measures. When we undertook a follow up inspection of the service on 10 August 2017 we found that the practice had made improvements in these areas; however, there remained areas where the practice needed to improve. The practice remains rated as inadequate for being effective.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep GPs up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

During the initial inspection there was some evidence that the practice used the information collected for 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). We reviewed the QOF outcomes from the 2014/15 reporting year and noted that the practice's achievement was below the local and national average in some areas, and that the practice's exception reporting rate was higher than average (23%). During the follow-up inspection in August 2017 we reviewed the most recently published QOF outcome data, which was from the 2015/16 reporting year. We found that in several areas the practice's achievement had declined compared to the previous year. For example:

- In 2014/15, 64%, of patients with diabetes on the register had their blood sugar recorded as well controlled (local average 71%, national average 78%). The exception reporting rate was 33%. In 2015/16 the practice's achievement had increased to 100%; however, the exception reporting rate had increased to 51%.
- In 2014/15, 69% of patients with diabetes on the register had their cholesterol measured as well controlled (local average 75%, national average 81%). The exception reporting rate was 17%. In 2015/16 the practice's achievement had decreased to 67% and their exception reporting rate had increased to 18%.
- In 2014/15, 90% of patients with diabetes on the register had a recorded foot examination and risk classification (local average 88%, national average 88%). The exception reporting rate was 5%. In 2015/16 The practice's achievement had decreased to 78%, but their exception reporting rate had also decreased to 4%.
- In 2014/15, 80% of patients with hypertension had well controlled blood pressure (a reading of 150/90mmHg or less) (local average 82%, national average 84%). The exception reporting rate was 8%. In 2015/16 the practice's achievement had increased to 84% and their exception reporting rate had remained the same.
- In 2014/15, 100% of patients diagnosed with dementia had a recorded review in a face-to-face meeting in the last 12 months (local average 87%, national average 84%). The exception reporting rate was 37%. In 2015/16 the practice's achievement had decreased to 83% but their exception reporting rate had also reduced to 28%.
- In 2014/15, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (local average 92%, national average 90%). The exception reporting rate was 25%. In 2015/16 the practice's achievement for this indicator remained the same.
- In 2014/15, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (local average 90%, national average 88%). The exception reporting rate was 18%. In 2015/16 the practice's achievement had decreased to 96% and their exception reporting rate was 22%.

The practice explained that some of the below-average achievement over the 2014/15 and 2015/16 reporting years

had been due to the principal GP's maternity leave and difficulties in recruiting GPs, which had largely been resolved at the time of the follow-up inspection. The practice shared details of their 2016/17 QOF results (which were unverified at the time of the inspection). These showed that the practice had achieved 527 out of the 545 points available, and that their overall exception reporting rate was 16% (a reduction of 7%). Whilst their overall exception reporting rate was high compared to local and national averages, in some areas where the practice had particularly focussed on improving their achievement of clinical outcomes, they had succeeded in achieving a rate that was both an improvement compared to previous years, and comparable to local averages. However; in other areas, for example lung disease, 2016/17 data showed there had been no improvement.

During the initial inspection in August 2016 we found that the practice had conducted two clinical audits within the preceding two years, but there was limited evidence that audit was being used to drive quality improvement. When we returned for the follow-up inspection in August 2017, we found that the practice had carried-out five further audits, which they had specifically selected in order to address areas highlighted as needing improvement during the previous inspection. For example, the practice had carried-out an audit of their exception reporting for QOF indicators relating to patients with mental health illnesses. The audit found that all patients were excepted appropriately; and the practice had discussed a plan to ensure that patients with mental health illnesses continued to receive appropriate care.

The practice had also completed a full-cycle audit on the treatment of patients with heart failure. The principal GP had conducted this audit having observed the improvement in health of a patient with heart failure whose medication had been reviewed and optimised. The GP therefore sought to ensure that all patients with this condition were being appropriately treated. The initial audit found that of the nine patients at the practice with heart failure, seven were receiving optimal pharmacological treatment in line with NICE guidelines. The two remaining patients were reviewed. The follow-up audit found that of eight patients with heart failure, seven were being appropriately treated and one was awaiting an appointment with the heart failure service to consider whether additional treatment was appropriate.

Effective staffing

During the initial inspection in 2016 we found that whilst necessary training had been provided to clinical staff, there were insufficient arrangements in place to ensure that non-clinical staff had the required training and support to carry-out their role. For example, the practice did not have an induction programme for non-clinical staff, there was no system of appraisals for non-clinical staff or any opportunity for the learning needs of these staff to be identified. Non-clinical staff were not provided with training in fire safety, health and safety, or significant event reporting. When we re-inspected the practice in August 2017 we found that all staff who had been recruited since the previous inspection had received a formal induction. We also saw evidence that all staff had received an appraisal in the past year, and that all staff were up to date with training such as fire safety, health and safety, and child safeguarding.

The practice employed a Healthcare Assistant (HCA), whose role included administering influenza vaccinations, phlebotomy, wound dressings, ear irrigation and carrying-out annual reviews of patients with long-term conditions, such as diabetes, asthma and mental health conditions. We saw evidence that the HCA had attended training courses specifically designed for HCAs in subjects such as diabetes, wound management and ear care, but there was no evidence of training relating to asthma. The practice was unable to demonstrate that they had taken steps to assure themselves that these courses provided the HCA with the skills to carry-out full long-term condition reviews. We were told that the HCA would ask the GP to review a patient if they felt that additional clinical input was needed; however, there was no formal protocol in place which outlined the circumstances in which a GP would be consulted.

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.

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

Inadequate

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified some patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients were signposted to the relevant service.
- Dietary and smoking cessation advice was available from the Healthcare Assistant.

During the initial inspection we noted that the practice's uptake for the cervical screening programme during 2014/15 was 64%, which was below the national average of 82%, and that the practice did not have an action plan to address its performance in this area. During the follow-up inspection in 2017 we reviewed the practice's uptake for 2015/16, which had decreased to 63%. The practice had carried-out a review of the uptake of cervical screening in order to make improvements. The practice used the 2015/16 uptake as a baseline figure and aimed to analyse the reasons given by women who had declined a smear test, in order to plan ways to increase uptake. Following this, the practice began telephoning women to invite them for an appointment for their test; they also recruited a locum nurse to focus on the cervical screening programme, in order to increase the availability of appointments. The practice reported that, having introduced these measures, by the end of the 2016/17 reporting year, the uptake for cervical screening had increased to 69% (compared to a local average of 79% for 2015/16). The practice explained that they intended to build on this achievement during the current reporting year, and aimed to achieve an 80% uptake rate.

During the initial inspection there was some evidence that the practice encouraged patients to attend national screening programmes for bowel and breast cancer screening; for example, during 2014/15:

- 67% of female patients at the practice aged 50-70 had been screened for breast cancer in the preceding 36 months (local average 65% and national average 72%).
- 37% of patients at the practice aged 60-69 had been screened for bowel cancer within the preceding 30 months (local average 43% and national average 55%).

During the initial inspection the practice explained that they encouraged patients to take part in cancer screening programs; for example, the practice contacted by telephone 142 patients from the 147 non-responders to the bowel cancer screening in 2015/2016. During the follow-up inspection we reviewed the data on cancer screening uptake for 2015/16 and noted an increase in overall uptake; for example:

- 76% of female patients at the practice aged 50-70 had been screened for breast cancer in the preceding 36 months (local average 67% and national average 73%). This was an increase of 9% from the previous year.
- 35% of patients at the practice aged 60-69 had been screened for bowel cancer within the preceding 30 months (local average 47% and 58% national average). This was a decrease of 2% from the previous year.

During the initial inspection we found that during the 2014/15 reporting year childhood immunisation rates for the vaccines given were below the local average. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 28% to 87% (local average 83% to 94%) and five year olds from 65% to 95% (local average 69% to 94%). When we returned to re-inspect we reviewed childhood vaccination uptake rates for 2015/16 and found that childhood immunisation rates for the

Inadequate

Are services effective?

(for example, treatment is effective)

vaccinations given remained below the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice failed to achieve the target in all four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.1 (compared to the national average of 9.1). The practice explained that part-way through the 2016/17 reporting year they had identified that nursing staff had been entering the incorrect code onto the system when childhood immunisations were administered, and that this resulted in the immunisations given not being recorded against the practice. Staff had subsequently been advised of the correct code and the practice expected this to positively impact on their reported immunisation uptake.

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

Good

Are services caring?

Our findings

At our previous inspection on 2 August 2016, we rated the practice as requires improvement for providing caring services as the arrangements in respect of the support of patients with caring responsibilities needed improving. When we undertook a follow up inspection of the service on 10 August 2017 we found that the practice had made improvements in this area. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

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

Most of the 47 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.

We spoke with one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey were comparable to the local and national average for patients feeling as though they were treated with compassion, dignity and respect. For example:

- 80% said the GP was good at listening to them (local average 85%, national average 89%).
- 80% said the GP gave them enough time (local average 81%, national average 86%).

Care planning and involvement in decisions about care and treatment

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

We saw that care plans were personalised; however, patients were not routinely given a copy of their care plan.

Results from the national GP patient survey showed patient satisfaction about their involvement in planning and making decisions about their care and treatment was comparable to local and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments, (local average 82%, national average 86%).
- 79% said the last GP they saw was good at involving them in decisions about their care (local average 76%, national average 82%).
- 85% said the last nurse they saw was good at explaining tests and treatments (local average 83%, national average 90%).

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. At that time of the previous inspection the practice had identified 28 patients as carers (less than 1% of the practice list); when we returned to the practice in August 2017 we found that the practice had increased the number of carers to 43 (almost 1.5% of the practice list).

Good

Are services caring?

The practice used their register to improve care for carers, for example carers were offered flexible appointment times and the seasonal influenza vaccine. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 2 August 2016, we rated the practice as good for providing responsive services. When we returned to the practice on 10 August 2017 we found that the practice was still 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 CCG to secure improvements to services where these were identified. For example, the practice had allowed the local Mental Health Trust to use vacant rooms within their premises in order to see patients.

- The practice offered extended hours between 6:30pm and 8:00pm every Tuesday for both GP and Healthcare Assistant appointments.
- When the practice was closed, patients could call NHS 111 to access the out of hours service.
- The practice did not specifically book longer appointments for patients with a learning disability; however, the practice explained that patients with learning disabilities would be allowed sufficient time during appointments for their needs to be met.
- 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 vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

- The practice was open between 8:15am and 6:15pm every weekday except Wednesday when they closed at 1pm. Extended hours appointments were available on Tuesday evenings until 8pm.
- In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day for people who needed them.

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

- 71% of patients were satisfied with the practice's opening hours (local average 71%, national average 76%).
- 61% patients said they could get through easily to the surgery by phone (local average 68%, national average 71%).
- 44% patients said they always or almost always see or speak to the GP they prefer (local average 50%, national average 56%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months and found that the practice provided patients concerned with a written apology where appropriate, and in all instances the practice contacted the patient immediately to discuss their concerns. For example, a patient had complained that they were not seen by a doctor when they attended for their appointment. The practice responded by clarifying with the patient that the reason they were not seen was because they were very late for the appointment and explaining that the patients' behaviour towards staff was not acceptable. We saw minutes of a meeting where all three complaints were discussed with staff.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 2 August 2016, we rated the practice as inadequate for being well led, as there was a lack of governance arrangements and insufficient management capacity.

We issued requirement notices in respect of these issues and placed the practice in special measures. When we undertook a follow up inspection of the service on 10 August 2017 we found that the practice had made some improvements in these areas. The practice is now rated as requires improvement for being well led.

Vision and strategy

During the initial inspection we found that the principal GP aspired to deliver care and promote good outcomes for patients, however, the practice did not always have the required systems and processes in place to support that vision. When we returned to the practice in August 2017 we found that the practice had taken significant steps to address the issues raised during the initial inspection. They had recruited a practice manager, who started work at the practice in November 2016 and was responsible for putting in place some governance arrangements in order to support the delivery of care, and had carried-out several audits to analyse and address issues relating to patient outcomes.

Governance arrangements

During the initial inspection we found that the practice did not have appropriate governance arrangements in place to support the delivery of the strategy and good quality care. When we returned for the re-inspection in 2017 we found:

- The practice used their Healthcare Assistant (HCA) to carry-out annual reviews of patients with long-term conditions. However, the practice had failed to put governance arrangements in place to ensure that patients were not put at risk by this arrangement. They had also failed to ensure that the HCA was competent to carry-out this role.
- An understanding of the performance of the practice was maintained and the practice had successfully put some measures in place in order to improve areas of below average performance. Following the initial inspection the practice had audited their exception reporting in order to ensure that they were excepting patients appropriately. The practice provided a summary of their exception reporting data for the 2016/17 reporting year (which at the time of the inspection was unverified). This showed a significant decrease in exception reporting rates; however, this was still above local and national averages.
- The new practice manager had put in place practice specific policies, and these were available to all staff both electronically and in hard copy.
- Training needs of all staff were discussed at annual appraisal meetings; however, in some cases there was a lack of oversight in relation to the skills and knowledge required for staff members to carry-out their role.
- There was a staff recruitment policy in place. Since the initial inspection, the practice had considered which members of staff should receive a DBS check, and carried-out these checks for relevant staff.
- In most areas, the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were appropriate. For example, processes were in place to address the risks to patients relating to fire safety, health and safety and electrical equipment; however, the risks relating to the Healthcare Assistant's role were not being adequately managed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a staffing structure in place and most staff were aware of their own roles and responsibilities.

Leadership and culture

During the initial inspection we found that the practice had a system in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment); however, there was a lack of systems in place to ensure that all issues reported were always recorded. When we returned for the re-inspection we found:

- All staff were aware of their responsibility to report significant events or complaints and forms were available to all staff for the recording of significant events.
- Patient complaints and significant events were discussed in practice meetings, which were recorded.

Are services well-led?

Requires improvement

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

During the initial inspection we found that the practice collected feedback from patients and staff, and this was continuing when we returned for the re-inspection; for example:

- The GP had asked staff to provide feedback via an anonymous 360° feedback process. Staff also had opportunity to provide feedback and make suggestions during staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, the practice manager or the GP.
- The practice engaged with the patient participation group (PPG) to gather feedback and suggestions from patients.

Continuous improvement

The practice demonstrated a commitment to addressing the needs of its patients. For example, following requests from patients, the practice had introduced an in-house Warfarin clinic and phlebotomy service. The practice had surveyed patients who used the Warfarin clinic to gather feedback about the service.

The practice had also actively addressed the issues identified during the last CQC inspection, including auditing their performance in order to identify how they could improve.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had failed to:** **Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:** • The clinical audits that had been completed showed little evidence of systemic change. • The number of patients being excepted from the Quality Outcomes Framework remained higher than local and national averages. **This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008.**

This section is primarily information for the provider

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had failed to:** • Take action to assure themselves that the training completed by the HCA was sufficient for them to independently carry-out the tasks which made up their role. • Put in place any formal protocols to determine when the HCA should refer a patient for review by a clinician. **This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008.**