

Dr Winston Solomon

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	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 Winston Solomon on 20 December 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Guidance was available to staff on handling notifiable incidents under the duty of candour.
- Risks to patients were assessed and managed, with the exception of those relating to some high risk medicines.
- Data showed patient outcomes for diabetes were low compared to the national average.
- Not all clinical audit activity was driving improvements to patient outcomes.

- Patients said they were treated with compassion, dignity and respect. They felt cared for, supported and listened to.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Governance arrangements did not always support the delivery of high-quality care.

The areas where the provider must make improvements are:

- Ensure the proper and safe management of medicines.
- Ensure care and treatment meets patients' needs.
- Ensure the quality of services is assessed, monitored and improved.

In addition the provider should:

Summary of findings

- Consider further ways of meeting the needs of patients with heart failure given the high exception reporting rate for this domain compared to local and national averages.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Guidance was available for staff for handling notifiable incidents under the duty of candour.
- Systems and processes to address risks to patients were not all implemented well enough to ensure patients were kept safe: guidelines for reviewing high risk medicines were not always being adhered to.
- Lessons were learned from incidents and communicated to staff to support improvement.

Requires improvement



Are services effective?

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

- Data showed patient outcomes for people with diabetes in 2014-15 and in 2015-16 were low compared to the national average.
- Clinical audit demonstrated some quality improvement.
- There was evidence of appraisals and professional development plans for staff.
- Staff worked with other health and care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than 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.
- 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 confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- 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. For example the practice provided minor surgery to its patients.
- 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.

Are services well-led?

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

- Arrangements for governance and performance management did not always operate effectively, for example around medicines management and outcomes for patients with diabetes.
- There was a documented leadership structure and staff felt supported by management.
- The practice proactively sought feedback from patient and staff, which it acted on.
- The patient participation group was active.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments as well as longer appointments for those with enhanced needs.
- People aged over 75 years could have their blood tests done at the practice. The electrocardiogram test (ECG) was also available at the practice. The ECG test checks for problems with the electrical activity of the heart.
- The patient participation group ran a weekly armchair yoga session at the practice for patients, and social events at the practice during the summer and at Christmas to help overcome social isolation.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance against clinical targets for patients with diabetes was lower than local and national averages in 2014-15 and 2015-16.
- Exception reporting rates for were high for atrial fibrillation and heart failure. The practice provided an explanation for the high exception reporting rate for atrial fibrillation.
- The practice offered a responsive service to people with long term conditions including longer appointments and home visits when needed.
- Nursing staff played a role in chronic disease management.
- The provider identified patients at risk of hospital admission as a priority.
- Patients had a named GP. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 were identified and followed up. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of eligible women having the cervical screening test was similar to the local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requiring improvement overall affected all patients including this population group.

- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health and care professionals in the case management of vulnerable patients.

Requires improvement



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requiring improvement overall affected all patients including this population group.

- Eighty per cent of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to local and national averages.
- Performance against mental health indicators was comparable to local and national averages.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Talking Therapies services were held at the practice once a week.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with national averages. Two hundred and seventy one forms survey forms were distributed and 112 were returned. This represented three percent of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all very positive about the standard of care received.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice's Friends and Family Test score was 95% of patients would recommend the practice based on 42 respondents.

Dr Winston Solomon

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Background to Dr Winston Solomon

Dr Winston Solomon, also known as St Clement's Surgery, is located in Ilford in outer north east London. It is one of the 47 member GP practices in NHS Redbridge Clinical Commissioning Group (CCG).

The practice is located in the fifth more deprived decile of areas in England. At 79 years, male life expectancy is the same as the England average. At 84 years, female life expectancy is greater than the England average of 83 years.

The practice has approximately 3,700 registered patients. It has more patients in the 0 to 9 years and 29 to 39 years age ranges than the England average, and fewer in the 40 to 85+ years age ranges. The provider told us 80% of the practice's patients are of Asian origin and that most of them are Muslims.

Services are provided by Dr Winston Solomon under a General Medical Services (GMS) contract with NHS England.

The practice is in a refurbished residential property. Patient areas on the ground floor include a reception area, two clinical rooms and a treatment room in which minor surgery is carried out. The ground floor is wheelchair accessible and there is a disabled toilet. There are a further two clinical rooms on the first floor. There is no lift, however all patients with impaired mobility are accommodated on the ground floor.

Dr Winston Solomon is a teaching practice for medical students.

Three GPs (two male and one female) work at the practice and make up the equivalent of 2.1 whole time staff (WTE). There is one part time nurse (0.6 WTE) and one part time healthcare assistant. The clinical staff are supported by a team of receptionist, administrative, and secretarial staff headed up by a full time practice manager.

The practice's opening times are:

- 9.00am to 6.30pm on Monday, Wednesday and Friday.
- 9.00am to 8.20pm on Tuesday.
- 9.00am to 12.00pm on Thursday.

Patients are directed to an out of hours GP service outside these times.

The doctors' clinic times are:

- 9.30am to 12.30pm and 3.30pm to 6.00pm on Monday, Wednesday and Friday.
- 9.30am to 12.30pm and 3.30pm to 8.10pm on Tuesday.
- 9.30am to 12.30pm on Thursday.

Dr Winston Solomon is registered with the Care Quality Commission to carry on the following regulated activities at Dr Winston Solomon, 38 Bathurst Road, Ilford, Essex IG1 4LA: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures, and Treatment of disease, disorder or injury.

The provider is in the process of changing its CQC registration to show that Dr Winston Solomon has entered into a partnership with his son, who is also a GP.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We had not inspected this service before.

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 20 December 2016. During our visit we:

- Spoke with a range of staff (GPs, healthcare assistant, practice manager, reception and secretarial staff).
- Observed how patients were being cared for and talked family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

There was an increased risk that people were harmed. Prescribing guidelines for high risk medicines were not always adhered to. A system was not in place for monitoring the usage of blank prescription forms and pads.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.
- There was guidance for staff on handling notifiable incidents under the duty of candour.

We reviewed incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the system for ensuring test results are followed up with the patient had been strengthened.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place in respect of safeguarding from abuse, chaperone arrangements, infection prevention and control and recruitment. Many of the arrangements for managing medicines were in place; however, guidelines for prescribing high risk medicines were not always adhered to.

- The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however there was no system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The healthcare assistant healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or

direction from a prescriber. Guidelines for reviewing high risk medicines were not always being adhered to, however. The records of two out of five patients taking methotrexate (a medicine for arthritis) showed blood tests to check for early signs of side effects were not being carried out as regularly as they should be, in accordance with clinical guidance. Such checks were being carried out in line with guidance for patients taking lithium (a psychiatric medicine) we looked at. The provider introduced a practice protocol for methotrexate repeat prescribing before the end of the inspection.

- 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 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 nurse were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the infection control lead with the clinical support of the practice nurse and GPs. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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

Other risks to patients and staff were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The equipment was fit for use. 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 introduced a more robust written checklist of emergency medicines and equipment at our suggestion.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

People were at risk of not receiving effective care or treatment. Outcomes for people with diabetes were lower than local and national averages, and exception reporting was comparatively high for a number of conditions.

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE to enable them to deliver care and treatment that would meet patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available (CCG average 92%, national average 95%). Exception reporting for the clinical domain (combined overall total) was 6% compared with the CCG average of 8% and the national average of 10%. However within that figure were comparatively high exception reporting rates for atrial fibrillation (practice 18%, CCG average 7.5%, England average 10%) and heart failure (practice 18.5%, CCG average 7%, England average 9%). (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). We saw that the provider followed the standard criteria for exception reporting. The provider gave us additional information and insight into the high exception reporting rate for atrial fibrillation.

This practice was an outlier for the following QOF diabetes clinical targets. Data from 2014-15 showed:

- The percentage of patients in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 56% compared with CCG average of 70% and the national average of 77%. IFCC-HbA1c is a measure of blood glucose levels. The percentage of patients in 2015-16 was 63%, however the practice continued to be an outlier (CCG average 68%, national average 78%).

- The percentage of patients whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 56% compared with the CCG average of 74% and the England average of 81%. In 2015-16 the practice achieved 62%, however the practice continued to be an outlier (CCG average 74%, national average 80%).

Performance for mental health related indicators was comparable to local and national averages, for example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (CCG 90%, national 88%). The number of patients on this register was 30. This level of performance continued into 2015-16 (practice 100%, CCG average 90%, England average 89%, 27 patients on the register).

There was some evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last 12 months, one of these was a completed two-cycle audit where the improvements made were implemented and monitored. This audit showed that patients with enhanced needs taking eight or more medicines had been reviewed and had their medicines checked. The audit showed 1.5% of these patients required a review in 2016-17 compared with 20% in 2015-16.
- Another of these audits was aimed at improving outcomes for diabetic patients by reviewing the medicines being taken by those patients whose IFCC-HbA1c was too high. A second cycle of this audit was planned for 2017-2018 to check that changes made had led to improved outcomes for these patients. There was no action plan in place to improve the management of cholesterol in diabetic patients however.

Effective staffing

Staff were equipped with the skills, knowledge and experience to deliver care and treatment.

- An induction programme was put in place for newly appointed staff. The programme was individualised to meet their needs.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision, and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

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 where necessary worked with the carer to make a decision about treatment in the patient's best interests.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice ran well woman and well man clinics and provided dietary and smoking cessation advice.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available and also offered the test opportunistically. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel (practice 47%, CCG 48%) and breast cancer screening (practice 71%, CCG 68%).

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 92% (CCG 83% to 91% and national 73% to 95%), and five year olds from 75% to 97% (CCG 69% to 85% and national 81% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 39 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 85% of patients said the GP gave them enough time (CCG 82%, national 87%).
- 92% of patients said they had confidence and trust in the last GP they saw (CCG 93%, national 95%).
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 80%, national 85%).

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG 82%, national 91%).
- 83% of patients said they found the receptionists at the practice helpful (CCG 78%, national 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care (CCG 73%, national 82%).
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG 76%, national 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 when required.
- Some information leaflets, for example about the NHS health check were available in Asian languages including Urdu and Hindi.

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 health was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 71 patients as carers (two per cent of the practice list). Carers were offered the annual flu jab. Written information was available to direct carers to the various avenues of support available to them.

Staff told us the practice supported families as much as possible where the patient was receiving end of life care, for example making arrangements to certify the death quickly so that burial can take place within 24 hours in line with the Islamic custom when required. The GP continued to offer support and advice to families as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a late evening surgery on Tuesday until 8.00pm for working patients who could not attend during normal opening hours.
- It provided a range of minor surgery services to its patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice's opening times were:

- 9.00am to 6.30pm on Monday, Wednesday and Friday.
- 9.00am to 8.20pm on Tuesday (extended hours).
- 9.00am to 12.00pm on Thursday.

Patients were directed to an out of hours GP service outside these times.

The doctors' clinic times were:

- 9.30am to 12.30pm and 3.30pm to 6.00pm on Monday, Wednesday and Friday.
- 9.30am to 12.30pm and 3.30pm to 8.10pm on Tuesday (late evening surgery extended hours).
- 9.30am to 12.30pm on Thursday.

GP consultation appointments for the late surgery on Tuesday evening, and for the practice nurse and healthcare

assistant could be booked ahead of time. Online GP appointments (70% of available appointments) were pre bookable one day in advance. All other GP appointments were available on the day. This system had reduced DNA (did not attend appointment) rates.

Telephone consultations were available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment compared well with local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 62% and the national average of 79%.
- 85% of patients said they could get through easily to the practice by phone (CCG 53%, national 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them. They were very satisfied with how quickly they could get an appointment.

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. For example there was a poster in the reception area which included contact details for the local advocacy service.

We looked at two complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, reception staff had been provided with additional training on communicating more effectively with patients.

Are services well-led?

Requires improvement 

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

Our findings

The governance arrangements at the practice did not always support the delivery of high-quality care.

Vision and strategy

The practice's mission was to provide the best possible care for its patients, in partnership with them, and within the constraints of available resources. The practice's values were clearly articulated and included openness, honesty, non-discrimination, kindness, caring, and accountability. The service prided itself on practicing traditional family medicine and providing high continuity of care.

- The provider had set a number of objectives for the next 12 months including developing its provision for carers, improving outcomes for patients with diabetes, and increasing the number of female GP appointments available at the practice.
- The provider recognised the challenges, such as the lack of access to timely secondary care in the area, and was active in the local GP federation. For example, there was a six month wait for the local DAFNE service (Dose Adjustment for Normal Eating, a structured education programme for patients with type 1 diabetes recommended by NICE). The federation was a group of local practices that had joined together to help one another provide the best possible care, to share ideas and resources, and to seek ways to provide high quality services to patients close to their homes. The provider had recently been nominated to the federation board.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- Outcomes for patients with diabetes did not compare well with local and national averages. A detailed action plan to improve quality in this area was not in place. For example the plan did not address how the management of diabetic patients with high cholesterol would be improved.
- Clinical audit was not always being used effectively to drive improvement. For example, one audit we were shown was carried out to find out the number of patients taking a novel oral anticoagulant (NOAC) instead of warfarin. This audit prompted the need for

staff to be educated in the management of patients taking NOACs. No second cycle was planned to check that the education had taken place and that the quality of care provided to these patients was of a high standard.

- Arrangements for identifying and managing risks had not been extended to all high risk medicines.
- There was clear staffing structure in place however, and staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff.
- The provider was open to suggestions for improvement and quick to act on them.

Leadership and culture

The provider told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty, and the provider was open and transparent in its handling of incidents, significant events and complaints. Guidance was available for staff on handling notifiable incidents under the duty of candour.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the patient participation group (PPG), and through the Friends and Family Test, surveys, complaints received, and feedback left on NHS Choices. The PPG met regularly and was active in setting priorities with the practice for improving patients' experience of the service, and in developing an action plan and working with the practice to achieve the action plan. For example the PPG had run pop-ins at the practice to register patients for online services to improve access to services. The practice had provided a room and a computer to enable the PPG to do this, and provided Wi-Fi for patients in the waiting area. The PPG had also organised social events at the practice for isolated patients aged over 75 years. The provider had been effective in tapping into the many resources the PPG had to offer.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicines were not properly and safely managed. Therapeutic monitoring was not used to optimise individual dosage regimens for all patients on high risk medicines.

A system was not in place for monitoring the usage of blank prescription forms and pads.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care and treatment was not meeting all patients' needs. The practice was a clinical outlier for Quality and Outcomes Framework (QOF) clinical targets for diabetes in 2014-15 and in 2015-16.

This was in breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The plan to improve services for patients with diabetes was not well developed.

A system was not in place to mitigate the risks associated with prescribing high risk medicines.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.