

Dr Zaheer Hussain (also known as Fulham Cross Medical Centre)

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Zaheer Hussain (Fulham Cross Medical Centre) on 10 November 2015. The overall rating for the practice was inadequate and the practice was suspended for a period of three months. We inspected the practice again on 4 February 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. We inspected the practice on 15 September 2016. The overall rating was requires improvement. The full comprehensive reports for November 2015, February 2016 and November 2016 inspections can be found by selecting the 'all reports' link for Dr Zaheer Hussain on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 17 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Survey information we reviewed showed patients felt the practice offered an excellent service and staff were friendly, caring, polite and professional and treated them with dignity and respect.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Since the last inspection the practice staffing structure had been strengthened and most improvements previously made had been sustained. There remained areas of weakness in relation to clinical outcomes and clinical leadership capacity.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

The provider should:

- Continue to monitor and improve Quality and Outcomes (QOF) performance.
- Continue to encourage the uptake of cervical smear screening and childhood immunisations.
- Continue to review how carers are identified to ensure information, advice and support is made available to them.
- Review the arrangements for the documentation, investigation and monitoring of all complaints, including those received verbally.

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 good for providing safe services.

Good



- 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 clearly defined and embedded systems, processes and practices 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Unpublished data 2016/17 showed that the practice had achieved 81% of the total number of points available for all of the clinical indicators measured, compared to 59% in 2015/16.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed patients felt the practice offered an excellent service and staff were friendly, caring, polite and professional and treated them with dignity and respect.
- Information for patients about the services available was accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had reviewed the needs of its local population and had engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 one example reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- Since the last inspection the staffing structure had been strengthened and most improvements previously made had been sustained. There remained areas of weakness in relation to clinical outcomes and clinical leadership capacity.
- 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. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners 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.

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 good for the care of older people.

Good



- Urgent same day appointments and telephone consultations were offered to older patients as a priority. Home visits requests from older patients were also prioritised. Longer appointments were available when needed.
- Older patients identified as high risk of unplanned hospital admission were referred to the local Older Persons Rapid Access Clinic (OPRAC) service to receive specialist input aimed at reducing the risk of admission.
- The practice held regular meetings with the local district nursing team and community palliative care team to discuss and manage the needs of older patients.

People with long term conditions

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

Good



- Unpublished data showed improved performance for diabetes related indicators with an overall achievement rate of 67% in 2016/17, compared to 39% in 2015/16.
- The practice had established disease registers for patients with long-term conditions. Patients were invited to annual health checks and medication reviews or more frequently if required. Repeat medication request were routinely monitored to ensure compliance with medicines.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients on the palliative care register were discussed at regular meetings with the community palliative care team and information was updated on Co-ordinate my Care if appropriate.

Families, children and young people

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

Good



- Staff had received role appropriate training in safeguarding children and were aware of their responsibilities and who to contact to raise concerns.

Summary of findings

- Urgent same day appointments were available for children. Appointments were also available outside school hours.
- The practice provided routine ante-natal and post-natal care and family planning services as required.
- Immunisation rates for childhood vaccinations 2015/16 were below the national expected coverage.
- Unpublished data for the cervical screening programme 2016/17 showed the practice uptake rate was 50% compared to 34% at our last inspection.

Working age people (including those recently retired and students)

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

- Extended hour appointments were available for patients unable to attend the surgery in normal working hours. Telephone consultations were also available.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice offered NHS health checks for patients aged 40 to 74 years of age with appropriate follow-up of any abnormalities detected.

Good



People whose circumstances may make them vulnerable

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

- Staff had received appropriate training in safeguarding vulnerable adults and were aware of their responsibilities to raise concerns.
- The practice maintained a register of patients with learning disabilities and these patients were invited for annual health checks and medication reviews. All three patients on the register had received annual review this year. The practice liaised regularly with the learning and disability team for advice if required.
- The practice had signed up for the Homeless Service to enable homeless patients to register and to access services.
- The practice maintained a register of vulnerable patients and they were discussed twice a month to ensure their needs were being met and referrals made to any support services if required.
- Uncollected repeat prescriptions were monitored to identify any vulnerable patients who had not collected their prescriptions and appropriate action was taken.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- Two of the three patients' diagnosed with dementia on the practice list, had their care reviewed in a face to face meeting in the last 12 months.
- The practice maintained a register of patients experiencing poor mental health and these patients were invited to annual health checks and medication reviews. There was an allocated Primary Care Mental Health Worker assigned to the practice.
- The practice provided proactive screening for patients at risk of dementia with referral to local memory services if required. The practice had audited the records of their older patients and identified those who had attended with memory issues, but had not been formally diagnosed with dementia to ensure they were receiving appropriate follow up.
- The practice had undertaken a dementia friendly environment survey and was working with the local dementia specialist to improve the environment to become a 'dementia friendly' practice.

Good



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 similar to or above local and national averages. Three hundred and sixty seven survey forms were distributed and 76 were returned. This represented a completion rate of 21% and 3% of the practice's patient list.

- 89% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 84% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were mostly positive about the standard of care received. Comments received described staff as friendly, caring, polite and professional and the environment as safe and clean. The few negative comments received described long waits from appointment time.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the Friends and Family Test (FFT) for the period January 2017 to April 2017 showed that 96% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor and improve Quality and Outcomes (QOF) performance.
- Continue to encourage the uptake of cervical smear screening and child immunisations.
- Continue to review how carers are identified to ensure information, advice and support is made available to them.
- Review the arrangements for the documentation, investigation and monitoring of all complaints, including those received verbally.

Dr Zaheer Hussain (also known as Fulham Cross Medical Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a second CQC Inspector.

Background to Dr Zaheer Hussain (also known as Fulham Cross Medical Centre)

Dr Zaheer Hussain (also known as Fulham Cross Medical Centre) is a GP practice situated within the London Borough of Hammersmith & Fulham. The practice lies within the administrative boundaries of NHS Hammersmith & Fulham Clinical Commissioning Group (CCG) and is part of the GP locality group, Network Four. The practice provides primary medical services to approximately 2,500 patients living within Hammersmith and Fulham and holds General Medical Services (GMS) contract. (GMS is a contract between NHS England and general practices for delivering general medical services).

The practice is situated at Fulham Cross Medical Centre, 322 Lillie Road, Fulham, London, SW6 7PP. The building is a purposely renovated facility leased by the practice. There are three consultation rooms, reception and waiting area on the ground floor. A portable ramp is available to assist

access to the entrance of the practice and accessible facilities are available. There is no public car parking on site but pre-payable street parking is available in the surrounding area.

The practice population is ethnically diverse and has a higher than the national average number of patients between 20 and 39 years of age and lower than the national average of patients 55 years plus. The practice area is rated in the fifth less deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

The practice team comprises of one principal male GP, a male GP partner and a female salaried GP who collectively work a total of 10 clinical sessions per week. They are supported by a part-time practice nurse and a part-time healthcare assistant working a total of three sessions a week, a practice manager, assistant practice manager and four administrators/receptionists.

The practice opening hours are from 8.30am to 1.30pm and 4pm to 6.30pm Monday, Tuesday and Wednesday, 9.30am to 1.30pm Thursday and 8.30am to 1pm and 3.30pm to 6.30pm Friday. Appointments are from 8.30am to 12.30pm and 4pm to 6.30pm Monday, Tuesday and Wednesday, 9.30am to 1pm Thursday and 8.30am to 12.30pm and 3.30pm to 6pm Friday. Extended hour appointments are offered from 6.30pm to 8.30pm Monday and Tuesday and 6.30pm to 7.30pm Wednesday. The practice is due to open during core hours (8am – 6.30pm) from October 2017.

Detailed findings

Pre-bookable appointments can be booked up to three months in advance. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, maternity services and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, child health surveillance and contraception and family planning.

The practice is registered with the Care Quality Commission as a sole provider to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures and maternity and midwifery services.

Dr Zaheer Hussain's surgery was suspended following an inspection in November 2015. A further inspection was undertaken in February 2016 where some improvements were found to have been made, but other concerns still remained, therefore the suspension was removed but the practice was rated inadequate and placed in special measures. Four breaches of the Health and Social Care Act 2008 were identified. These breaches related to regulation 11 Need for consent, regulation 12 Safe care and treatment, regulation 13 Safeguarding service users from abuse and improper treatment and regulation 17 Good governance. Four requirement notices were issued and the practice submitted an action plan to CQC outlining the action they would take in response to our findings.

A further inspection was undertaken in September 2016 which found that additional improvements had been made although two breaches of the Health and Social Care Act 2008 were identified. The practice was rated requires improvement and two requirement notices were issued for breaches relating to regulation 12, Safe care and treatment and regulation 17, Good governance.

Why we carried out this inspection

We undertook a comprehensive follow-up inspection of Dr Zaheer Hussain (also known as Fulham Cross Medical Centre) on 15 September 2016 under Section 60 of the

Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was requires improvement. The full comprehensive report on the 15 September 2016 inspection can be found by selecting the 'all reports' link for Dr Zaheer Hussain on our website at www.cqc.org.uk.

We undertook a follow-up announced comprehensive inspection of Dr Zaheer Hussain (also known as Fulham Cross Medical Centre) on 11 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 17 July 2017. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administration 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?

Detailed findings

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 living 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

At our previous inspection on 15 September 2016, we rated the practice as good for providing safe services. At our follow up inspection on 17 July 2017 the practice was also rated good for providing safe services.

Safe track record and learning

There was a system 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 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 and an apology.
- 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, following an incident when the telephone system failed leaving the practice unable to receive or make telephone calls, the practice purchased a mobile phone for diverting incoming calls in contingency of any recurrence.
- There was a process in place for handling and responding to safety alerts received at the practice and for the sharing of this information with staff.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. At the time of inspection there were no patients recorded on the safeguarding register, but the practice said they would confirm this with the local safeguarding authority.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Bi-annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last IPC audit undertaken by an external organisation in May 2017 identified issues concerning the storage of cleaning mops and ceramic tiling of sink splash backs in clinical areas. We saw that actions had been taken or were planned to address these.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.

Are services safe?

Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems 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 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 had assessed the patients on an individual basis.

We reviewed nine personnel files including documents provided by the practice immediately after the inspection and found appropriate recruitment checks had been undertaken prior to employment where appropriate. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health (COSHH) and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty to meet the needs of patients which was currently being reviewed as the practice intended to open during core hours (8am – 6.30pm) from October 2017. The practice had recruited a locum nurse and female GP working separate days once a week, so that patients had the choice of seeing a female clinician, which had not always been available in the past.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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. A first aid kit was also available although it was observed that most of the contents expired in July 2017.
- 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 had a comprehensive business continuity plan 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

At our previous inspection on 15 September 2016, we rated the practice as requires improvement for providing effective services as the arrangements in relation clinical audit and multi-disciplinary team input were limited.

These arrangements had significantly improved when we undertook a follow up inspection on 17 July 2017 The practice is now rated as good for providing safe services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits, clinical supervision and checks of patient records.

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 from 2015/16 was 59% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 95%. The overall exception rate was 6%, which was lower than the clinical commissioning group (CCG) average of 12% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

As part of this inspection, we reviewed unpublished QOF clinical data for 2016/17 which the practice extracted from their clinical information system. This showed they had

achieved 81% of the total QOF points available in the clinical domains measured, which represented a 22% increase from the previous year clinical results of 57% in 2015/16.

Unpublished data showed improved performance for diabetes related indicators with an overall achievement rate of 67% in 2016/17, compared to 39% in 2015/16. Data showed that;

- 60% of patients on the diabetes register had an IFCC-HbA1c less than or equal to 64 mmol/mol measured in the last 12 months for the year 2015/2016, compared to the CCG average of 74% and national average of 78%. Unpublished data 2016/17 showed an increase to 66% for this indicator.
- 60% of patients on the diabetes register had a total cholesterol level of 5mmol/l or less measured in the last 12 months for the year 2015/2016, compared to the CCG average of 76% and national average of 80%. Unpublished data 2016/17 showed a decrease to 58% for this indicator.
- 55% of patients on the diabetes register had a blood pressure reading of 140/80 or less measured in the last 12 months compared to the CCG average of 71% and national average of 78%. Unpublished data 2016/17 showed an increase to 67% for this indicator.

Unpublished data showed improved performance for mental health related indicators with an overall achievement rate of 59% in 2016/17, compared to 43% in 2015/16. Data showed that;

- 36% of patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, had a comprehensive, agreed care plan documented in the last 12 months; compared to the CCG average of 82% and national average of 89%. Unpublished data 2016/17 showed an increase to 58% for this indicator.
- 45% of patients, on the register, with schizophrenia, bipolar affective disorder and other psychoses, whose alcohol consumption has been recorded in the last 12 months, compared to the CCG average of 84% and national average 89%. Unpublished data 2016/17 showed an increase to 67% for this indicator.

Unpublished data showed performance for some other health related indicators 2015/16 was significantly below

Are services effective?

(for example, treatment is effective)

the CCG and national averages and some that were comparable. However, unpublished QOF data 2016/17 showed improvement for some of the indicators measured. For example,

- 62% of patients on the register with hypertension had a blood pressure reading measured in the last 12 months that was 150/90mmHg or less; compared to the CCG average of 78% and national average of 83%. Unpublished data 2016/17 showed an increase to 74% for this indicator.
- 54% of patients with asthma on the register who have had asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions; compared to both the CCG and national average of 76%. Unpublished data 2016/17 showed an increase to 72% for this indicator.
- 72% of patients, on the register, with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months, compared to the CCG average of 84% and the national average of 90%. Unpublished data 2016/17 showed an increase to 80% for this indicator.

At our last inspection on 15 September 2016 we saw evidence of clinical audits but none were completed cycles to demonstrate quality improvement. At this inspection there was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The other two audits were due second cycle completion in 2018. Findings were used by the practice to improve services. For example, the practice conducted an audit into the use of deferred antibiotic prescribing. First cycle results showed all patients suitable for deferred antibiotic prescription were offered this in accordance with the audit standards. It also showed that of these patients 86% did not use the prescription which was better than the set audit standard of 70%. Analysis of the audit results suggested the practice population was receptive to deferred antibiotic prescriptions and recommended focus on patient education during consultation and with information leaflets to continue antibiotic reduction

use. Second cycle audit results showed 64% of patients did not use the antibiotic prescription which was lower than expected. It was felt this was due to data collection during the flu season and as a result the practice updated the patient information leaflet to include more information on supportive measures to manage flu illness. A third cycle audit was planned for winter 2017/2018 to assess impact of this intervention.

Information about patients' outcomes was used to make improvements. For example, the practice engaged in local enhanced services to identify patients at risk of unplanned hospital admission and invited them in for review to create integrated care plans aimed at reducing this risk. Following unplanned admissions patients were reviewed and care plans updated to reflect any changes to clinical management.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 attendance at locality 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, educational supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- 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

At the inspection 15 September 2016 we were told that regular Multi-Disciplinary Team (MDT) meetings did not take place, although palliative care patients were discussed regularly with district nurses and the palliative care team. At this inspection we saw minutes of MDT meetings which took place every three months and attended by community health and social care staff.

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of five documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- There was no minor surgery performed at the practice. Consent for joint injections was documented using a template in the patient's electronic records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and smoking cessation
- The health care assistant provided smoking cessation advice with referral to local support group if required.

The most recent published results 2015/16 for the cervical screening programme showed the practice uptake rate was 18%, which was significantly below the CCG average of 71% and the national average of 81%. At our last inspection in September 2016 we were shown evidence to demonstrate the uptake rate had improved to 34%. Unpublished data for 2016/17 demonstrated further improvement with an achievement rate of 50%.

The practice told us they anticipated further improvement in the cervical screening uptake rate for 2017/18 as a female part-time locum GP had been employed from March 2017, which had increased the number of days a female clinician was available to take cytology samples to two days per week. The practice demonstrated that they had experienced a 14% increase in the number of female patients included in the cytology cohort since October 2014 which they considered had impacted on performance rates.

There were failsafe systems 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. There was a policy to offer telephone, written, email and text reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme through the use of written information leaflets and appointments with a female sample taker.

Are services effective?

(for example, treatment is effective)

The most recent published data Childhood immunisation rates 2015/16 for the vaccinations given were significantly lower compared to national averages. The practice did not achieve the 90% national expected coverage of immunisations given to children up to two years of age in all of the four areas measured. Data showed that;

- 43% of children aged one had received the full course of recommended vaccines.
- 62.5% of children aged two had received pneumococcal conjugate booster vaccine.
- 56% of children aged two had received haemophilus influenza e type b and Meningitis C booster vaccines.
- 69% of children aged two had received Measles, Mumps and Rubella vaccine.

Immunisation rates 2015/16 for five year olds were below CCG and national averages. For example:

- Measles, Mumps and Rubella dose one vaccinations for five year olds was 80%, compared to the CCG average of 86% and the national average of 94%.

- Measles, Mumps and Rubella dose two vaccinations for five year olds was 30%, compared to the CCG average of 65% and the national average of 88%.

Childhood immunisation rates for 2016/17 were not due for publication until September 2017. The practice provided unpublished data for the periods 1 January 2017 to 31 March 2017 and 1 April 2017 to 30 June 2017 however, this data did not enable comparison to be made with the previous year rates to determine if improvements had been made. The data provided for the two quarter periods 2017 demonstrated improvement.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years of age. 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

At our previous inspection on 15 September 2016, we rated the practice as good for providing caring services. At our follow up inspection on 17 July 2017 we also found the practice was good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

All of the 38 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 friendly, caring, polite and professional and treated them with dignity and respect.

We spoke with two patients who were both members 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. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. Results were above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 95% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG national average of 86%.
- 98% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 100% of patients said the nurse gave them enough time compared with the CCG average of 86% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2017 showed patients responded mostly positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.

Are services caring?

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.
- 98% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation 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.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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.

At our previous inspection the practice was unable to provide the number of carers they had identified. At this inspection we were shown that the practice had identified 21 patients as carers (0.8% of the practice list). The practice's computer system alerted GPs if a patient was also a carer. Carers were offered longer and same day appointments where possible, advice and support over the phone, and referral to relevant support services where required. Written information was available to direct carers to the various avenues of support available to them, including those specific to young carers. The practice previously had a member of staff who acted as a carers' champion. However, having recently left the practice, another member of the reception team was currently undertaking training to take over the role, to help ensure that the various services supporting carers were co-ordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 September 2016, we rated the practice as good for providing responsive services. At our follow up inspection on 17 July 2017 we also found the practice was good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Monday and Tuesday evening until 8.30pm and Wednesday until 7.30pm for working patients who could not attend during normal opening hours.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The practice website translated to multiple languages.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients received information in formats that they could understand.
- Patients could book routine appointments and request repeat prescriptions on line.

Access to the service

The practice was open from 8.30am to 1.30pm and 4pm to 6.30pm Monday, Tuesday and Wednesday, 9.30am to 1.30pm Thursday and 8.30am to 1pm and 3.30pm to 6.30pm Friday. Appointments were from 8.30am to 12.30pm and 4pm to 6.30pm Monday, Tuesday and Wednesday, 9.30am to 1pm Thursday and 8.30am to 12.30pm and 3.30pm to 6pm Friday. Extended hour

appointments were offered at the following times from 6.30pm to 8.30pm Monday and Tuesday and 6.30pm to 7.30pm Wednesday. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published 7 July 2017 showed that patient's satisfaction with how they could access care and treatment was above local and national averages for almost all of the areas surveyed. For example;

- 77% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 91% of patients said that the last time they wanted to see or speak to someone they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 87% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, some comments received mentioned long waits from appointment times. The practice had been made aware of similar feedback and had in response added additional GP catch up slots for when appointments ran behind.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was managed by the duty doctor who in cases where the urgency of need was so great that it

Are services responsive to people's needs?

(for example, to feedback?)

would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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, posters displayed in the waiting room and information in the practice leaflet and complaints procedure leaflet.

We looked at one complaint received in the last 12 months and found this was satisfactorily handled in a timely manner with written apology. The practice kept a record of complaints received which we saw were investigated and discussed at practice meetings for shared learning. They were also discussed at PPG meetings to keep members informed of patient feedback. We were told that verbal complaints were normally dealt with on the day although records of these were not formally documented. We were told few were received, and mainly related to waiting time from appointment, which the practice had put in measures to address.

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 15 September 2016, we rated the practice as requires improvement for providing well-led services as we had concerns about the stability of the staffing structure and sustainability of improvements that had been made since our previous inspections in November 2015 and February 2016.

At this inspection we found that the staffing structure had been strengthened and that most improvements previously made had been sustained and further driven. However, there still remained areas of weakness in relation to clinical outcomes and clinical leadership capacity. The practice remains rated as requires improvement for providing well-led services.

Vision and strategy

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

- The practice had a mission statement which set out the core values that were shared amongst staff. The practice strategy, aims and objectives formed part of the business plan

that defined the development goals over the next two years. This included succession planning arrangements for the principal GP's retirement in September 2018. The business plan had recently been updated to reflect the current succession plans following the return of the previous GP partner, who planned to take over the running of the practice. This though had not been formally agreed.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care.

- Since our last inspection on 15 September 2016 there had been a number of changes to the practice staffing structure. The previous GP partner had recently returned one day a week providing patient consultations as well as educational and supervisory support to oversee clinical outputs. A female locum GP had also recently been appointed one day a week and the practice were in discussions to finalise a permanent contract to cover some of the retiring GP's clinical

sessions. The practice manager had returned from a period of absence and the acting practice manager had been permanently employed as a part time assistant practice manager.

- Staff were aware of their own roles and responsibilities and some held lead roles in key areas. For example, the GP partner was the mental health lead and the principal GP responsible for safeguarding.
- Practice specific policies were implemented and were available to all staff in manual and electronic format. These were updated and reviewed to ensure inclusion of the most up to date information.
- An understanding about the performance of the practice was maintained and there was awareness of the areas that needed to be addressed and improved upon. Practice meetings were held monthly which provided an opportunity for staff to learn about the practice performance.
- At our previous inspection clinical audits had been commenced to monitor quality however, none were completed audit cycles to demonstrate improvement. At this inspection we saw that clinical and internal audit was used to monitor quality and to make improvements. There had been one completed clinical audit and the other two audits were due second cycle completion in 2018.
- There were good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The practice was managed and run by the principal GP who was the registered provider and joint contract holder for the service. The provider was open and transparent about the challenges the practice had experienced and the on-going actions to address them. We found a culture that was centred on the needs and experiences of patients and feedback from patients was very positive. Staff told us the principal GP was approachable and always took the time to listen to members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are services well-led?

Requires improvement 

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

(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). This included support training for all staff on communicating with patients about notifiable safety incidents. The management team encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- The practice held monthly team meetings and minutes of these meetings were available for practice staff to view. Minutes were distributed to staff not able to attend. Clinical meetings were held weekly with the GP partners and the principal GP met separately with the locum GP and practice nurse when they were in attendance.
- 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 we spoke with said they felt respected, valued and supported, by the management team and that they were encouraged 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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was well represented, met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had been instrumental in the practice's purchase of a mobile back up phone as part of contingency arrangements.
- the NHS Friends and Family test, complaints and compliments received.
- staff through regular staff meetings, appraisals and discussion. Staff we spoke with told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on learning and improvement within the practice and processes had been put in place to further assess and monitor performance in specific areas, for shortfalls to be addressed. The practice told us the plans they had for future improvement including the securement of out of hospital services back again, such as electrocardiogram (ECG) and phlebotomy.