Dr Ahsanulhaq Goni

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ahsanulhaq Goni on 25 October 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events although this was not applied consistently.
- There were some systems in place to manage risks to patients. However, systems relating to infection prevention and control, monitoring the health and safety at the branch site and management of blank prescriptions must be improved.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- The system for reporting and recording significant events must be improved and applied consistently with learning shared across staff groups.

Summary of findings

- An effective system to monitor infection prevention and control in the practice must be implemented and an action plan developed to show how and when improvements are to be made to address shortfalls. Action must be taken to address grouting missing from tiles around the sink and gap and marks/stains in the flooring in the health care assistant's room at Shakespeare Road Surgery.
- Arrangements for the storage and transportation of blank prescription forms must be risk assessed and procedures brought into line with NHS Protect: Security of prescription forms guidance.
- The practice must ensure when employing new staff that two written references are obtained prior to employment.
- The practice must obtain copies of health and safety risk assessments undertaken by the landlord for the branch site to ensure all actions that are the responsibility of the provider are completed. The provider must periodically check health and safety records at the branch site in order to assure themselves all actions were being undertaken by the landlord. The provider must ensure weekly fire alarm tests are carried out at the branch site and establish what action has been taken in respect of the emergency lights at the branch site which had failed a test on 18 October 2016.
- The provider must provide a warning sign where oxygen is stored.
- The provider must implement the Department of Health guidance February 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement.

The areas where the provider should make improvement are:

- The chaperone policy and procedure should be reviewed and updated to reflect the staff responsibilities for recording when chaperones are provided.
- The provider should take account of the Department of Health guidance: HBN 00-09 - Infection control in the built environment, in relation to flooring in treatment areas and hand washing facilities and develop and implement an action plan to improve these areas.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was a system in place for reporting and recording significant events although this was not applied consistently. The GP told us patients received an apology and were informed about actions taken. However, the records that we saw did not evidence this. We saw some evidence learning had been shared with staff but discussions and agreed actions were not always recorded or reflected in meeting minutes
- There were some systems in place to manage risks to patients. However, systems relating to infection prevention and control, monitoring the health and safety at the branch site and management of blank prescriptions required improvement.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience 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?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with local and national averages.
- 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 and information confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Although some patients commented negatively on the appointments system we found there was good access to urgent and pre-bookable appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, systems relating to infection prevention and control, monitoring the health and safety at the branch site and management of blank prescriptions required improvement.
- The provider encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents although this was not applied consistently and records did not evidence the actions taken or how learning was shared with staff.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

- The practice offered proactive, 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 for those with enhanced needs.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 66.7%, 16% lower than the CCG average and 22% lower than the national average. The practice scored above average in all diabetes indicators except in the indicators related to blood sugar monitoring. The practice patient population presented some challenges in engaging patients with their care. Some patients had very transient lifestyles and 84% of the diabetic patients were of Asian origin whose first language was not English.The practice was trying to improve engagement by utilising a multilingual heath trainer to work with this group of patients. The practice had also collaborated with the diabetes resource centre and arranged for a joint diabetic clinic to take place in the surgery. We noted in the 2015/16 QOF figures, published after the inspection, that there had been an improvement in the data relating to diabetes. The data showed the practice had achieved 97%, which was 13% higher than the CCG average and 7% higher than the national average.
- The practice scored 100% in other QOF indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.
- The practice's uptake for the cervical screening programme was 83%, which was the same as the CCG average and comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

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

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

People whose circumstances may make them vulnerable

Requires improvement

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

- 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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)

Requires improvement

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

- Performance for mental health related indicators was 100%, 9% higher than CCG average and 7 % higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

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 slightly below local and national averages in most areas. 364 survey forms were distributed and 75 were returned. This represented 1% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% 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%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 70% 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 32 comment cards which were all positive about the friendliness of the staff and the care and treatment received. However, nine cards had negative comments about long waiting times to get an appointment.

We spoke with seven patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The majority were satisfied with the appointment system although three people said the appointments did not always run to time and could be up to an hour late.

In the Friends and Family test 100% of patients said they would recommend the practice.

Dr Ahsanulhaq Goni

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser and an expert by experience.

Background to Dr Ahsanulhaq Goni

The provider, Dr Ahsanulhaq Goni, provides services for 5,401 patients within the Rotherham CCG under a Personal Medical Services (PMS) contract. Services are provided from two purpose built sites:

Main Site

50 Shakespeare Road, Rotherham, S65 1QY

Branch site

Ridgeway Medical Centre, 14-16 Ridgeway, Rotherham S65 3PG

There is car parking at the rear of the surgery at the main site and road side at the branch.

The practice patient population has a higher than average under 35 year old age group and significantly lower 50 plus age group. The practice is situated in one of the most deprived areas nationally.

Dr Goni is the provider and lead GP. The clinical team also has two male salaried GPs, two practice nurses and a health care assistant.

There is a practice manager supported by five receptionists including a Slovakian/Czech interpreter and a secretary.

Shakespeare Road Surgery is open between 8.00am and 6.30pm weekdays except Tuesday when the practice is open until 7pm and Thursdays when it is open until 8.30pm.

Ridgeway Medical Centre is open between 9am and 1pm weekdays.

Appointment times:

Shakespeare Road

9am to11.30am Monday to Friday

4pm to 6.30pm Monday, Wednesday, Thursday & Friday

Extended hours are provided 6.30pm to 7pm Tuesday Evening and 6.30pm to 8.30pm Thursday evening

Ridgeway Medical Centre

9am to 11.30am Monday

10am to 12.30pm Tuesday and Friday

9am to 12.30pm Wednesday

The practice also operates a telephone triage system.

The out-of-hours service can be accessed by telephoning the normal surgery telephone number.

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 registered 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 October 2016.

During our visit we:

- Spoke with a range of staff (A GP, a practice nurse, practice manager and reception/administration staff) and spoke with patients who used the service.
- Observed the interactions between staff and patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events although this was not applied consistently.

- 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 staff could access records of significant events which were held electronically.
- The GP we spoke with told us patients received an apology and were informed about actions taken. However, the records we saw did not evidence this.
- We were told significant events were reviewed and discussed at meetings and learning was shared with staff. We saw some evidence learning had been shared with staff but discussions and agreed actions were not always recorded or reflected in meeting minutes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings. The practice manager had good systems in place to manage safety alerts and maintained a log of action taken. Where information was shared with staff outside of the meeting structure the staff received emails and memos which were signed by staff. We saw some evidence that lessons were shared and action was taken to improve safety in the practice. For example, where a patient had missed some treatment requested by a hospital consultant the systems for managing letters had been reviewed and improved.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and they had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurses were trained to child protection or child safeguarding level 3. Staff had also completed child sexual exploitation training. The practice had developed a template to prompt staff to consider child sexual exploitation and record who was accompanying a child to the practice. Children at risk were monitored and discussed at monthly multidisciplinary meetings.
- 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 policy and procedure did not reflect the staff responsibilities for recording when chaperones were provided although those we spoke with understood this.
- The practice maintained reasonable standards of cleanliness and hygiene. We observed the premises at both sites to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken however, we saw these were not used effectively to make improvements. For example, the last audit had been completed in April 2016. We saw a very basic action plan had been recorded in the audit to address shortfalls although these did not include timescales for completion. The action plan did not identify how some areas in the audit which required improvement would be addressed. For example, the dirty carpets in the reception area and corridor at Shakespeare Road surgery although the practice manager told us new carpets had been ordered. The audit was not accurate in that it indicated the clinical rooms at Shakespeare Road Surgery had elbow taps, however, we saw at least two of the clinical rooms had hand turn taps. We also observed plugs in sinks. These two areas do not meet Department of Health guidance. We saw some of the paint work was marked in consulting rooms. The practice manager told

us they were aware the practice required redecorating and quotes had been obtained. We saw grouting was missing from tiles around the sink and there was a gap in the flooring and the floor was marked/stained in the health care assistants room at Shakespeare Road Surgery.

- There were arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Collection of repeat prescriptions was monitored and where patients had not collected these they were destroyed and this was recorded on their notes although staff told us the GPs were not routinely informed. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Systems for the management of blank prescriptions did not meet the NHS Protect guidance in that blank prescription forms were not securely stored where they were held in printer trays and access to storage area keys was not adequately controlled. Recent changes to the delivery system had resulted in blank prescriptions now only being delivered to the main site; supplies had been transported to the branch site by one of the reception staff. The practice manager told us they were unaware of changes to the delivery system and a risk assessment relating to transport of the blank prescriptions had not been completed. Records of use did not track the prescriptions through the practice from receipt to use. The practice manager said they would review this immediately. We observed the vaccine fridge at the Ridgeway Surgery only had one thermometer which would not meet Public Health guidance regarding vaccine fridges. The provider told us, following the inspection, that each of the three fridges in the practice had an integrated thermometer, two had external thermometers and one had a data logger. This would be adequate to meet the guidance. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we observed that although some references had been obtained these had not been obtained prior to employment for the two most recently recruited staff. There were no recent references for one person who had previously worked at the practice for three years and returned to the practice following a two month period of employment elsewhere. We could see the practice manager had made efforts to obtain a reference from the employer.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. The provider owned the Shakespeare Road surgery and had systems in place to manage heath safety for the surgery. For example, 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). However, the practice rented rooms at the Ridgeway Surgery from NHS Property Services. The landlord provided services such as fire risk assessment, testing of fire equipment and management of Legionella. The practice did not have copies of the risk assessments completed and staff did not periodically check records in order to assure themselves all actions were being undertaken. The records showed the weekly fire alarm test was overdue having last been conducted on 12 October 2016. The records also showed emergency lights had failed a test on 18 October 2016 but there was no indication of any action taken.
- We saw that blinds in the areas of Shakespeare Road Surgery accessed by patients did not meet Department of Health guidance in that some of the blinds had looped cords which could create a risk of serious injury due to entanglement. The practice manager was aware of the guidance and had obtained quotes to replace the blinds.

Requires improvement

Are services safe?

- 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. Staffing had been reviewed and the health care assistant hours had been slightly increased recently to enable the practice to provide phlebotomy services.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- Staff received annual basic life support training and there were emergency medicines available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. The emergency medicines and equipment were held in the nurse's room which may affect access if the nurse is completing a procedure. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The records showed only monthly checks of the equipment were completed; the Resuscitation Council recommends at least weekly checks. We also noted the records showed there had been a three month delay in provision of pads for the defibrillator which had expired in July 2016 but were not replaced until October 2016. The manager told us they were unaware of this delay or any reason for it. We also observed there were no pads to enable the defibrillator to be used for children and a risk assessment for this had not been completed. There was no warning sign indicating oxygen was stored in a room at the Ridgeway surgery.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place 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 and random sample 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 showed the practice had achieved 93% of the total number of points available with a 7% exception rate. (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).

Data from 2014/15 showed:

- Performance for diabetes related indicators was 66.7%, 16% lower than the CCG average and 22% lower than the national average. The practice scored above average in all diabetes indicators except in the indicators related to blood sugar monitoring.
- Performance for mental health related indicators was 100%, 9% higher than CCG average and 7 % higher than the national average.

The practice scored 100% in all other QOF indicators except osteoporosis however the practice recorded no clinical prevalence in this area which may be due to the age groups within the patient population.

We discussed the practice performance in relation to diabetes. The practice told us the practice patient population presented some challenges in engaging patients with their care. They told us some patients had very transient lifestyles and they told us they had identified that 84% of their diabetic patients were of Asian origin whose first language was not English. The practice was trying to improve engagement by utilising the services of a multilingual heath trainer to work with this group of patients. The practice had also collaborated with the diabetes resource centre and arranged for a joint diabetic clinic to take place in the surgery. The lead GP told us they had engaged with the local community by giving talks about diabetes at local mosques to improve knowledge and encourage engagement with care.

We noted in the 2015/16 QOF figures, published after the inspection, that there had been an improvement in the data relating to diabetes. The data showed the practice had achieved 97%, which was 13% higher than the CCG average and 7% higher than the national average. We also noted that while the overall total of QOF points achieved had increased to 99% the exception reporting had gone up to 19% and the practice should review the reasons for this.

There was evidence of quality improvement including clinical audit.

- We reviewed clinical audits completed in the last two years; three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved information provided for patients referred for infertility treatment and some improvement in diagnosis and treatment for patients with a vitamin B12 deficiency as testing had been completed more consistently. The practice also monitored urgent referrals to secondary care
- The practice also monitored urgent referrals to secondary care and followed up the outcomes for these to assess appropriateness of the referrals.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire

Good

Are services effective?

(for example, treatment is effective)

safety, health and safety and confidentiality. Competency checks were also completed for clinical staff. Locum GPs had a pack which included provision of basic equipment.

- 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. Training records showed the practice nurse had completed training such as aural care, spirometry and chronic obstructive pulmonary disease (COPD). However, we noted the practice nurse had not attended an update for cryotherapy treatment in the last 10 years.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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, external training events and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was obtained for procedures such as joint injections and cryotherapy. (Cryotherapy is a treatment which involves is the use of extreme cold, produced by liquid nitrogen, to destroy abnormal tissue and is used in treatments such as removal of warts).

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 hosted a number of services which allowed patients to access services closer to home including:

- Shared care substance and alcohol misuse clinics three times per week and regular clinics run by a multi lingual health trainer, dietician, counsellors and mental health practitioners.

The practice's uptake for the cervical screening programme was 83%, which was the same as the CCG average and comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice

Good

Are services effective?

(for example, treatment is effective)

demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 47% to 99% and five year olds from 65% to 93%. The CCG average was 47% to 98% and 71% to 91%. The senior practice nurse had written to all of the schools in the catchment area of the practice to identify any children with special educational needs in order to offer influenza immunisation at the surgery.

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

Good

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 but one of the 32 patient Care Quality Commission comment cards we received were positive about the care and treatment received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they 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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% 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%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG 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. We also saw that care plans were personalised.

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 75% 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%.
- 83% 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 interpreter 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 different languages and information was displayed in different languages at the main site.
- The practice had multilingual staff and utilised the services of a multilingual health trainer to encourage engagement with the patient population.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a higher than average younger population but had identified 22 patients as carers (0.5% of the practice list). The practice had also identified 218 patients who had carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a carers pledge and encouraged patients to identify themselves as carers. The practice offered flu vaccination and health checks for carers.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 extended hours 6.30pm to 7pm Tuesday evening and 6.30pm to 8.30pm Thursday evening for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those who required interpreter services.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and interpreter services available.
- The practice provided a weekly clinic with an interpreter for Slovakian patients. They employed multi lingual staff and provided information in different languages to explain care and treatment. For example, vaccination and screening programmes and information to support patients such as breast feeding vouchers.
- The practice was trying to improve patient engagement by employing a multilingual heath trainer to work with this group of patients. The practice had also collaborated with the diabetes resource centre and arranged for a joint diabetic clinic to take place in the surgery.

Access to the service

Shakespeare Road Surgery was open between 8.00am and 6.30pm weekdays except Tuesday when the practice was open until 7pm and Thursdays when it was open until 8.30pm.

Ridgeway Medical Centre was open between 9am and 1pm weekdays.

Appointment times:

Shakespeare Road

9am to11.30am Monday to Friday

4pm to 6.30pm Monday, Wednesday, Thursday & Friday

Extended hours were provided 6.30pm to 7pm Tuesday Evening and 6.30pm to 8.30pm Thursday evening

Ridgeway Medical Centre

9am to 11.30am Monday

10am to 12.30pm Tuesday and Friday

9am to 12.30pm Wednesday

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice also operated a GP telephone triage system when there were no appointments available.

The out-of-hours service could be accessed by telephoning the normal surgery telephone number.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We received 32 comment cards of which nine cards had negative comments about long waiting times to get an appointment. We spoke with seven patients during the inspection. The majority were satisfied with the appointment system although a three people said the appointments did not always run to time and could be up to an hour late.

The staff told us patients did not always understand the appointment system and they had high rates of patients who failed to attend for their appointments. For example, the practice had 280 appointments in September where patients had failed to arrive. The practice sent text message

Good

Are services responsive to people's needs?

(for example, to feedback?)

confirmations and reminders. They also sent text messages to advise patients when they had failed to attend for their appointment. Staff told us had previously tried walk-in clinics but these had not been successful.

We observed GP appointments were available to pre-book for the following day and a GP was undertaking telephone triage on the day of the inspection. There was also good availability of appointments for the week following the inspection. Staff told us they could work flexibly to meet patients' needs in that, although some appointments were blocked to save these for book on the day appointments, all the staff were able to unblock these if necessary.

Signs and posters in various languages had been placed in the waiting room to enable patients to access appropriate health services. For or example, Pharmacy Services, Walk in Centre, emergency appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff gathered information relating to the request for a home visit and recorded this electronically to inform GPs. The GP would then make a decision about the necessity for a home visit and prioritise these requests. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 within a patient information folder in the reception. The policy and procedure explained how to escalate a complaint if the patient was unhappy with the response from the practice and this was also explained in response letters.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had improved systems for referral to the dietician and practice data showed an increase in referrals.

Are services well-led?

Requires improvement

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

Our findings

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 was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, systems relating to infection prevention and control, monitoring the health and safety at the branch site and management of blank prescriptions needed improvement.

Leadership and culture

Staff told us the provider was approachable and always took the time to listen to all members of staff.

There was a system in place for reporting and recording significant events although this was not applied consistently.

- The GP we spoke with told us patients received an apology and were informed about actions taken however, the records did not evidence this.
- We were told significant events were reviewed and discussed at meetings and learning was shared with staff. There was some evidence from discussions with staff learning had been shared but discussions and agreed actions were not always recorded or reflected in meeting minutes.

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 provider. Staff were involved in discussions about how to run and develop the practice, and the provider encouraged 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, telephone triage was suggested by the PPG to improve access and was implemented.
- The practice had gathered feedback from staff through generally 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.

Continuous improvement

There was some evidence the practice took action to learn and improve through clinical audits and monitoring the

Are services well-led?

Requires improvement

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

practice performance. For example, we saw improvements in care and treatment for patients had been made in response to data relating to diabetes. Data showed QOF performance for diabetes related indicators in 2014/15 was 66.7%, 16% lower than the CCG average and 22% lower than the national average.

The practice told us the practice patient population presented some challenges in engaging patients with their care. They told us some patients had very transient lifestyles and they told us they had identified that 84% of their diabetic patients were of Asian origin whose first language was not English. The practice was trying to improve engagement by utilising the services of a multilingual heath trainer to work with this group of patients. The practice had also collaborated with the diabetes resource centre and arranged for a joint diabetic clinic to take place in the surgery. The lead GP told us they had engaged with the local community bygiving talks about diabetes at local mosques to improve knowledge and encourage engagement with care.

We noted in the 2015/16 QOF figures, published after the inspection, that there had been an improvement in the data relating to diabetes. The data showed the practice had achieved 97%, which was 13% higher than the CCG average and 7% higher than the national average.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to manage and mitigate risks to the health and safety of service users. This was because; • The system for reporting and recording significant events was not applied consistently and learning was not always shared with staff. • The system to monitor infection prevention and control in the practice and action plan had not been developed to show how and when improvements were to be made to address shortfalls. Some of walls were marked and grouting was missing from tiles around the sink and there was a gap and marks/stains in the flooring in the health care assistant's rooms at Shakespeare Road Surgery. • Arrangements for storage and transportation of blank prescription forms were not in line with NHS Protect: Security of prescription forms guidance. • The practice did not have copies of health and safety risk assessments undertaken by the landlord for the branch site and had not ensured all actions that were the responsibility of the provider or the landlord were completed. The provider had not ensured weekly fire alarm tests were carried out at the branch site and had not established what action had been taken in respect of the emergency lights at the branch site which had failed a test on 18 October 2016. • The provider had not provided a warning sign where oxygen was stored. • The provider had not implemented the Department of Health guidance February 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement.

This section is primarily information for the provider

Requirement notices

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not do all that was reasonably practicable to ensure fit and proper persons were employed. This was because; • The provider had not obtained satisfactory evidence staff were of good character as written references had not always been obtained prior to employment. This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.