

# Dr E Ahmed's Practice

## Quality Report

(Also known as Darwen Healthlink)

Darwen Health Centre

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# 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 E Ahmed's Practice (also known as Darwen Healthlink) on 25 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to the recruitment of new staff.
- 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 on the day of inspection that 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.
- Some patients told us using CQC comment cards that they sometimes had to wait a long time for appointments. We saw that the practice had responded to patient feedback and adjusted the appointment system in an effort to address this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure appropriate pre-employment checks, including references and evidence of indemnity cover, are carried out as part of the recruitment process for new staff.
- Ensure an appropriate risk assessment is carried out to document the reasoning behind the decision not to carry out a check through the Disclosure and Barring Service for staff.

In addition, action the provider should consider taking:

- All significant events should be documented consistently in order that learning outcomes are maximised and thorough trend analysis can be undertaken.
- Responses to complaints should be consistently documented to ensure patients receive appropriate information.
- Formalise systems around how feedback from complaints and significant events is disseminated to staff in order to maximise learning outcomes.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was a system in place for reporting and recording significant events.
- Lessons were learned and action was taken to improve safety in the practice. However, we saw that significant events were not always consistently recorded, meaning that learning outcomes were not always maximised.
- When things went wrong patients received support, truthful information, and an appropriate 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 in place to keep patients safe and safeguarded from abuse, with the exception of its recruitment arrangements.
- There were gaps in the practice's recruitment processes. References had not routinely been sought prior to new employees starting work and the practice did not hold on record suitable documentation to evidence all clinical staff had appropriate indemnity cover in place.
- A number of non-clinical staff acted as chaperones for patients. However, not all had received a check through the Disclosure and Barring Service (DBS). The decision for a DBS check not being completed for non-clinical staff was not consistently risk assessed.
- Other risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were either in line with or slightly lower than local and national averages.
- 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.

# Summary of findings

- There was evidence of appraisals and personal development plans for most staff. We saw that those who had not received appraisals in the previous 12 months had them scheduled to be completed within the next four weeks.
- 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.
- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- The practice offered extended hours' appointments on a Monday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- Patients we spoke to 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.
- The practice actively promoted the online services it offered for patients and had over 600 patients registered with the patient online access scheme where patients were able to book appointments and order repeat prescriptions online.
- The practice sent text message reminders to patients to inform them that their review appointment was due and prompt them to contact the practice and book a consultation.
- Information about how to complain was available and easy to understand and evidence showed the practice responded

# Summary of findings

quickly to issues raised. However, the practice did not always respond to complaints in a consistent manner. While we saw that learning from complaints was identified, it was not always clear how this learning was shared with staff.

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a vision 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 clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk, although we did note risks associated with the recruitment of new staff were not fully managed.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



# 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



- 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.
- Longer appointment were available for those patients with complex needs.
- The practice held regular multi-disciplinary team meetings to discuss and review those patients on the palliative care register in order to ensure their needs were being met.

### People with long term conditions

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

Good



- 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 either in line with or slightly below local and national averages.
- Recent quality improvement work undertaken by the practice had resulted in 35 new diagnoses of diabetes since June 2015.
- 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.

### Families, children and young people

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

Good



- 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 comparable to local and national averages for all standard childhood immunisations.

# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the Clinical Commissioning Group (CCG) average of 80% and 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, health visitors and school nurses.

## **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).

- 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.
- The practice offered extended hours' appointments on a Monday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.

**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.

- 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.
- 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.

**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).

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 89% compared to the CCG average of 88% and national average of 84%.
- Performance for other mental health related indicators was either slightly below or in line with the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# 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 above local and national averages. A total of 289 survey forms were distributed and 109 were returned. This represented a response rate of 38% and 0.8% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the local average of 75% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local and national averages of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the local average of 86% and national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 79% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards, most of which were positive about the standard of care received. Many of the cards included comments specifically naming clinicians and staff members to praise the care that they offered. However, four of the cards did include comments relating to concerns around the availability of appointments when needed, two cards referred to concerns around the manner of some staff, while another two commented on concerns regarding tests and treatment being followed up in a timely manner.

We spoke with two patients during the inspection, both of whom were also members of the practice's patient reference group (PRG). Both patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure appropriate pre-employment checks, including references and evidence of indemnity cover, are carried out as part of the recruitment process for new staff.
- Ensure an appropriate risk assessment is carried out to document the reasoning behind the decision not to carry out a check through the Disclosure and Barring Service for staff.

### Action the service **SHOULD** take to improve

In addition, action the provider should consider taking:

- All significant events should be documented consistently in order that learning outcomes are maximised and thorough trend analysis can be undertaken.
- Responses to complaints should be consistently documented to ensure patients receive appropriate information.
- Formalise systems around how feedback from complaints and significant events is disseminated to staff in order to maximise learning outcomes.

# Dr E Ahmed's Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser and a practice manager specialist adviser.

## Background to Dr E Ahmed's Practice

Dr E Ahmed's practice (also known as Darwen Healthlink) is housed on the first floor of Darwen Health Centre along with two other GP practices and a range of other community healthcare services. A pharmacy also occupies the premises on the ground floor. There is a car park for patients with allocated disabled spaces, and there is a lift to facilitate access to the first floor for patients experiencing mobility difficulties.

The practice delivers primary medical services to a patient population of approximately 13,300 patients under a General Medical Services (GMS) contract with NHS England. It is part of the NHS Blackburn with Darwen Clinical Commissioning Group (CCG). The average life expectancy of the practice population is above the local average and slightly below the national average (81 years for females, compared to the local average of 80 and national average of 83 years, 77 years for males, compared to the local average of 76 and national average of 79 years).

The practice's patient population has a slightly higher proportion of older people than the local averages, for example 17.9% are over the age of 65 (CCG average being 14.1% and national average 17.1%), 7.3% are over the age of 75 (CCG average 6.2%, national average 7.8%) and 2%

are older than 85 (CCG average 1.7%, national average 2.3%). The proportion of the practice's patients with a long standing health condition is 54%, which is in line with the local and national average.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by five GP partners (all male) and one salaried female GP. Other clinical staff consist of five practice nurses, two long term locum advanced nurse practitioners and a health care assistant. Clinical staff are supported by two practice managers and a team of 19 reception and administration staff. A member of the administration team had also been trained to deliver smoking cessation services to patients within the practice.

The practice is open between 8am and 6.30pm Monday to Friday, with surgeries offered between 9am and 11.30 each morning and 4pm until 6.30pm each afternoon. Extended hours appointments are available on Monday and Wednesday evenings until 8pm.

Outside normal surgery hours, patients are advised to contact the out of hour's service by dialling 111, offered locally by the provider East Lancashire Medical Services.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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.

## 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 August 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice managers, practice nurses, reception and administration staff and spoke with patients who used the service.
- Observed how staff interacted with patients.
- 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 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

### Safe track record and learning

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

- Staff told us they would inform one of the practice managers 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, an appropriate apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events when they were identified.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw good evidence of reflective practice and evidence that lessons were learned and action was taken to improve safety in the practice. For example, following a patient being found to have a rare tumour, the GPs had reflected on what they could have done differently to have expedited the diagnosis. We saw that measures such as improved documentation in the patient records, a lower threshold for referring onto secondary care and personal learning around the topic for the clinical staff had been put in place following the significant event.

We noted that learning from significant events was not consistently shared within the practice. For example we saw evidence from nursing team meeting minutes where a significant event was discussed. This event was not included in the practice's summary documentation shared with the inspection team around significant events in the practice. This meant that learning outcomes were not always maximised and thorough trend analysis and review of significant events could not take place.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we identified weaknesses within the practice's recruitment processes and maintenance of associated records:

- 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 in the form of a policy document on the shared computer drive and referral flowcharts were pinned to notice boards in all consultation rooms and the reception office. We noted that the policy document was one created by the CCG and the practice had not updated sections of it to ensure it was practice specific, for example details of the practice's safeguarding lead had not been included in the space provided. The flowcharts displayed in the practice did however clearly outline who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding and staff were able to tell us who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. We spoke to staff who told us that any member of staff who had received training for the role could act as a chaperone. However, not all of those staff who had received chaperone training 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). We spoke to staff who had not been DBS checked who confirmed that they acted as a chaperone for patients, and one of the practice managers also confirmed that this was the case. We also noted that the decision taken for other non-clinical staff not to have a DBS check was not consistently risk assessed. The

# Are services safe?

chaperone policy lacked detail; it did not specify the procedure for staff to follow. The practice managers informed us that after the inspection the practice would seek to carry out DBS checks for all staff.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal), although we did find that some prescriptions that were being generated did not detail up to date information regarding when the patient's medication review was due. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks were not always undertaken prior to employment. Three of the files we looked at were for staff who had recently commenced employment with the practice, with two of them being appointed in August 2016; these files did not contain evidence of references to verify their conduct in previous employment.
- The practice showed us evidence that appropriate indemnity cover was in place for the GPs and practice nurses. However, evidence that the two long standing locum advanced nurse practitioners (ANPs) had

appropriate indemnity cover in place was not immediately available. A document evidencing a previous indemnity insurance policy that had expired in July 2015 was on file for one of the ANPs. The practice sought clarification from the ANPs and confirmed to the inspection team that their membership with the Royal College of Nursing (RCN) included indemnity insurance cover, as the ANPs were considered to be self-employed. The practice sought evidence of this membership from one of the ANPs on the day of inspection, and for the other two days after the visit. However, the documents subsequently provided were renewal letters rather than proof of ongoing membership.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

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

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available on site.

## Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The sterile scissors contained in the defibrillator pack had exceeded their expiry date. The practice informed us that it was a communally used defibrillator and the community healthcare staff located in the building had responsibility for checking it. The practice told us that they would implement their own checks on such emergency equipment moving forward. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff. The practice managers told us they intended to add this information to the document immediately after the inspection.



# 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 case discussions and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.2% of the total number of points available, with an 11.9% exception reporting rate for the clinical domains (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was either in line with or slightly below the local and national averages. For example:
  - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 73% compared to the clinical commissioning group (CCG) and national averages of 78%.
  - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 71%, compared to the CCG average of 81% and national average of 78%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 80% compared to the CCG average of 85% and national average of 81%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 96% compared to the CCG average of 97% and national average of 94%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 92% compared to the CCG average of 93% and national average of 88%.
- Performance for mental health related indicators was also either slightly below or in line with the local and national averages. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 91% compared to the CCG average of 92% and national average of 88%.
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 83% compared to the CCG average of 93% and national average of 90%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 89% compared to the CCG average of 88% and national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 84% compared to the CCG average of 85% and national average of 84%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 80%, compared to the CCG average of 79% and national average of 75%.



# Are services effective?

## (for example, treatment is effective)

There was evidence of quality improvement including some clinical audit.

- The practice showed us four audits completed in the last year, two of these were completed clinical audit cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit activity included searches being run to identify patients using a combination of medicines that had been found to have complications. All patients identified as using this particular combination of medicines were invited to attend for a medication review appointment, where their medication was altered as appropriate in order to ensure any clinical risks were mitigated. A follow up search indicated that 26 out of 28 patients identified had attended for a medication review with appropriate action taken. The practice intended to continue periodic searches to monitor the interactions of these medicines to ensure patients were monitored appropriately.

Information about patients' outcomes was used to make improvements. For example the practice was aware it had previously had a relatively low prevalence of diabetes amongst their patient population (a lower number of patients were diagnosed than would have been expected). The practice had put measures in place to proactively identify patients at risk of the condition. Search tools were used to identify patients at risk, who were then contacted and invited to attend for screening tests. The practice provided data that demonstrated that as a direct result of these measures being put in place, 35 new diagnoses of diabetes had been made since June 2015. This ensured that these patients could now access the care they needed to manage their condition.

### Effective staffing

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

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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, informal clinical supervision and facilitation and support for revalidating GPs. We saw that non-clinical staff had received an appraisal within the last 12 months. Two of the nurses we spoke to had not received an appraisal since 2014. However, we did see that appraisal meetings were booked for these staff in September 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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

# Are services effective?

## (for example, treatment is effective)

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

We noted that the practice's system for highlighting urgent incoming mail to clinicians involved the use of paper notes, rather than auditable electronic tasks sent using the practice's computer system. This presented a risk that the paper notes could go missing with no clear audit trail. The practice told us they intended to utilise electronic tasks moving forward to mitigate this risk.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified 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.

- One of the reception staff was also trained to provide smoking cessation advice and ran a weekly clinic for patients who wished to stop smoking.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available, as well as using picture cards to explain the procedure to patients who may have difficulties understanding a verbal explanation. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77.2% to 97.7% and five year olds from 75.3% to 93.5%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 as well as checks for those patients over the age of 75 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Most of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. However, two of the cards referred to concerns around the manner of some staff, while another two commented on concerns regarding tests and treatment being followed up in a timely manner.

We spoke with two members of the patient reference group (PRG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Most 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 in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 98% 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%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 mostly positive and aligned with these views.

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

- 94% 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%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. In addition to English, GPs at the practice were fluent in languages such as Arabic, Punjabi, Urdu and Hindi.
- Information leaflets were available in easy read format.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 147 patients as carers (1.1% of the practice list). Written information was

available to direct carers to the various avenues of support available to them. This included a carer's pack available in the reception area. One of the administration staff was nominated as carer's lead and liaised with the local carer's support service on a quarterly basis.

Staff told us that if families had suffered bereavement, the practice sent them a condolence card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs 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

### 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' appointments on a Monday and Wednesday evening until 8pm 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice facilities were located on the first floor of the building; there was a lift to facilitate access for those patients experiencing difficulties with mobility.
- The practice actively promoted the online services it offered for patients and had over 600 patients registered with the patient online access scheme where patients were able to book appointments and order repeat prescriptions online.
- Flu clinics were offered on a Saturday to allow access for those patients who would otherwise find it difficult to attend on a week day.
- The practice sent text message reminders to patients to inform them that their review appointment was due and prompt them to contact the practice and book a consultation.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with surgeries offered between 9am and 11.30 each morning and 4pm until 6.30pm each afternoon. Extended hours appointments were available on Monday and Wednesday evenings until 8pm. In addition to

pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. On the day of inspection, we saw that urgent appointments remained available that day, while the next routine pre-bookable appointment was available in four days' time.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However, four of the comment cards we received did include comments relating to concerns around the availability of appointments when needed.

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.

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, and staff were aware of how to involve the locally available acute visiting service should a patient require an urgent home visit before the practice's own GPs could attend.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The two practice managers dealt with any complaints that were received by the practice between them.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, for example a complaints leaflet was available from both the practice website and from the practice's reception area, along with a complaints form.

The practice told us there had been five complaints received in the previous 12 months. We looked at two of these in detail and found that while they were satisfactorily handled and dealt with in a timely way, with an apology offered as appropriate, their handling and the documentation held regarding them was not always consistent. We looked at two complaints that had both been received via email. One of these had a documented written response recorded, while the other had only been responded to verbally over the telephone. Neither response documented that the patient had been

signposted to other agencies such as the Parliamentary Health Service Ombudsman, should the patient be dissatisfied with the outcome of their complaint and wish to take it further. We noted other inconsistencies within the documentation held around complaints, for example different dates being recorded in various documents.

We saw that lessons were learnt from individual concerns and complaints, and action taken to improve the quality of care. For example, after a patient had not received a letter, it was agreed that the process should be changed to include a telephone call to the patient in addition to a letter being sent. However, it was not always clear how learning from complaints had been disseminated to staff and the practice managers confirmed that an annual review of complaints had not been completed so that analysis of trends could be undertaken.



# Are services well-led?

Good 

(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 clear vision to deliver high quality care and promote good outcomes for patients. A mission statement was in place which stated the practice aimed to improve the health, well-being and lives of those it cared for, and this was displayed on the practice website. Staff knew and understood the sentiment of this statement and the values associated with it.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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. The GPs took lead roles for different clinical areas, and practice nurses took the lead for the management of different long term conditions and enhanced services offered by the practice. Each of the practice nurses had allocated administrative support to facilitate the streamlined management of their particular areas of responsibility.
- Policies were implemented and were available to all staff. We did note that not all policy documents contained practice specific information; for example, the safeguarding children's policy.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although we did find gaps with regards to the management of risks associated with recruitment of new staff.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice ensured that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff told us that they felt supported by management.

- Staff told us the practice held regular team meetings, and we saw minutes from these meetings to confirm this. While meetings took place within teams (for example reception and administration, practice nurses) we saw that communication between these teams was not always consistent, for example significant events being discussed in the practice nurse's team meeting that other teams were not aware of.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members of the PRG told us they had suggested when the practice had merged with another in 2015, that it keeps both phone lines active, rather than amalgamate into one phone line in order to improve patients' ability to get through over the telephone. Following a recent patient survey earlier in 2016, we saw that the practice had responded to patient feedback around access to appointments by altering the appointment system to make more book on the day slots available.
- The practice had gathered feedback from staff 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. The

nurses told us how they had fed back to the partners and management about the increasing administrative demands placed on them by the allocation of enhanced services management responsibilities being undertaken. The practice responded by allocating ring-fenced administration time to each nurse to ensure the enhanced services were managed effectively without undue additional pressure being placed on the nursing staff.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The GPs told us they intended to become a teaching and training practice for the forthcoming academic year. We saw that the practice supported its staff to undertake training in order to take on additional roles and responsibilities within the practice, such as one receptionist becoming a smoking cessation advisor while another was beginning training to become a healthcare assistant.



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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that all appropriate pre-employment checks, including references and evidence of indemnity cover, had been carried out as part of the recruitment process for new staff.</p> <p>When the decision had been made not to carry out a check through the Disclosure and Barring Service, an appropriate risk assessment had not always been carried out to document the reasoning behind the decision.</p> <p>This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>