

Dr Layth Delaimy

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Layth Delaimy on 12 January 2016. Overall the practice is rated as requires improvement.

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

- The majority of patients said they were treated with compassion, dignity and respect and that they felt cared for, supported and listened to.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks, legionella, fire and infection control.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Information about services was available but some of this information was out of date.

- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Update patient information to include current practice information and out of hours providers.
- Review and improve care for patients with long term conditions, and uptake of national screening and immunisation programmes.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including references and Disclosure and Barring Service checks or risk assessment to determine a check is not required.
- Ensure that training appropriate to job role is completed including Mental Capacity Act 2005 and infection control.
- Ensure that a legionella risk assessment is carried out and that action plans are put in place for any actions resulting from risk assessments including fire and infection control.
- Carry out clinical audits and re-audits to improve patient outcomes.

Summary of findings

In addition the provider should:

- Review the emergency medicines that are held within the practice.
- Review and update procedures and guidance.

- Review how the practice informs patients of services such as chaperones.

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 an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example recruitment checks were not complete, no legionella risk assessment had been carried out and the practice could not provide evidence that all fire risk assessment actions or infection control audit actions had been completed such as provision of spill kits suitable to clean up blood spills.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data showed patient outcomes were low compared to the national average. For example, 59% of patients with asthma, on the register, have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions, which was lower than the Clinical Commissioning Group (CCG) and national averages of 75%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was little evidence that audit was driving improvement in patient outcomes. The practice were using data searches but not completed two cycle clinical audits where an improvement was made and monitored.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited.

Summary of findings

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 lower than others for some aspects of care. For example 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85% and 65% 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%.
- 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 however some of this information was out of date for example how to access care outside of normal working hours.
- 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 requires improvement for providing responsive services.

Requires improvement



- The practice had reviewed the results of the national GP survey and put in place a plan to secure improvements for the areas identified.
- 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 did not offer extended hours GP appointments.
- The practice offered phlebotomy appointments on Saturday mornings.
- Information about how to complain was available and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Requires improvement



- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a leadership structure and staff felt supported by the principal GP and management.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some of these were not practice specific or were overdue a review.
- Staff had received regular performance reviews.

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

- 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.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The issues identified as requires improvement overall affected all patients including this population group.

- 43% percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was considerably lower than the CCG and national averages of 81%.
- Longer appointments and home visits were available when needed.
- The practice promotes the use of patient experts and put patients in touch with other patients experiencing the same disease or illness providing both parties agrees.
- Staff told us that when patients were diagnosed with a serious or long term condition after the consultation with the GP they were sent a letter outlining their conditioning along with possible actions or treatments.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The issues identified as requires improvement overall affected all patients including this population group.

- Immunisation rates for the standard childhood immunisations were mixed. For example the percentage of eligible children

Requires improvement



Summary of findings

receiving Dtap/IPV/Hib at 2 years was 98% which was better than the CCG average 88% but the percentage of eligible children receiving Dtap/IPV Booster at 5 years was 64% which was worse than the CCG average 76%.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 63% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years which is lower than the CCG average of 80% and the national average of 82%.
- We saw positive examples of joint working with health visitors and the practice hosted a weekly midwife clinic.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The issues identified as requires improvement overall affected all patients including this population group.

- 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 electronic prescribing which enabled patients to collect their prescriptions from the pharmacists of their choice which could be close to their place of work.
- The practice did not offer extended hours GP appointments but did offer a Saturday morning phlebotomy clinic.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice provided GP services to the residents of a nearby hostel for homeless people.
- The practice ran a transport fund scheme which could be used in exceptional circumstances to provide transport for vulnerable patients to attend the practice safely.
- 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.

Requires improvement



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The issues identified as requires improvement overall affected all patients including this population group.

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice promotes the use of patient experts and put patients in touch with other patients experiencing the same disease or illness after gaining mutual consent.
- 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was lower than the national average of 89%.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. 330 survey forms were distributed and 116 were returned. This represented 4% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 64% and the national average of 73%.
- 64% 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%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 65% 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 34 comment cards which were all positive about the standard of care received. Patients said that they were satisfied with the care they received, they were treated with respect and dignity and staff were caring. Five comment cards were not entirely positive and they mentioned difficulty in getting appointments and some staff and doctors were rude.

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

Dr Layth Delaimy

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Layth Delaimy

Dr Layth Delaimy (also known as Ashley Medical Practice) is located in Walton on Thames in a converted residential property, with all patient areas on the ground floor, and is a training practice (A training practice have GP trainees who are qualified doctors completing a specialisation in general practice).

At the time of our inspection there were approximately 3,100 patients on the practice list. Statistics show very little income deprivation among the registered population. The registered population is lower than average for 15-29 and 50-84 year olds, and higher than average for those aged from birth to nine years old, 30-49 year olds.

The practice is owned by a single GP who works with one salaried GP (both male). The GPs are supported by one nurse, a phlebotomist, a business manager and three administrative staff. There are normally between one and three GP trainees attached to the practice, at the time of our inspection one GP trainee (male) was attached to the practice.

The practice is open between 8.30am and 6pm Monday to Friday. A phlebotomy clinic is offered on Saturday mornings. Information on the website and in the patient leaflet is out of date as it still directs patients requiring a GP

outside of normal hours are advised to contact the now inactive NHS Direct Service. The practice confirmed that patients should contact NHS 111 where they can be redirected to the most appropriate external out of hours service.

The practice has a Personal Medical Services (PMS) contract with NHS England (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice offers enhanced services for example; childhood immunisations and unplanned admission schemes.

Services are provided from the following locations:-

1a Crutchfield Lane

Walton on Thames

Surrey

KT12 2QY

The practice was inspected in 2014 under our previous inspection schedule and found to be compliant; as the practice was inspected prior to October 2014 it was not rated as a result of that inspection.

Why we carried out this inspection

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

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 12 January 2016. During our visit we:

- Spoke with a range of staff including the principal GP, a trainee GP, the practice nurse, the business manager, two administrative staff and spoke with three patients who used the service.
- Observed how patients were being cared for 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 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the principal GP or manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a previous employee had breached patient confidentiality, as soon as it was discovered the practice contacted the small number of patients affected with an explanation and apology, and provided refresher training in patient confidentiality and information governance for all staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. During interviews with clinical staff not all could demonstrate a good understanding of the Mental Capacity Act. GPs and the practice nurse were trained to child protection or

child safeguarding level three. The practice had used commercially available software to develop an in house web based telephone directory which contained safeguarding contact details.

- Chaperones were available but this was not advertised within the practice. All staff who acted as chaperones were trained for the role but not all 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). Risk assessments for the requirements for DBS checks were not available to us either.
- We observed the premises to be clean and tidy in most areas, however there were some areas which need further action for example there was no sanitary bin and a large open dustbin in the patient toilet, and there was a rip in the lino floor in the patient toilet. The practice nurse 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 but non clinical staff had not received infection control training. Infection control audits were undertaken but we did not see evidence of a clear plan to ensure that action was taken to address any improvements identified as a result.
- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed eight personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment, as there were not always references and the appropriate checks through the Disclosure and Barring Service. However there was proof of identification, qualifications, registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice

Are services safe?

had an up to date fire risk assessment but it was not recorded whether actions identified had been completed and the practice had not carried out regular fire drills. 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. The practice did not have a risk assessment for 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.

- Staff received annual basic life support training and there were some emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen.
- Emergency medicines were easily accessible to staff in a secure area of the practice.

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.

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 62% of the total number of points available. This is lower than the CCG average of 94% and the national average of 95%. The practice exception reporting of 4% is lower than the CCG and national averages of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was below average for most QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was worse than the CCG and national average. For example, 43% of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was considerably lower than the CCG and national averages of 81%.
- Performance for asthma related indicators was worse than the CCG and national average. For example, 59% of patients with asthma, on the register, have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions, which was lower than the CCG and national averages of 75%.
- Performance for hypertension related indicators was worse than the CCG and national averages. For example,

54% of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was worse than the CCG average of 83% and the national average of 84%.

- Overall performance for mental health related indicators was lower than the CCG and national averages but the individual indicators were quite mixed when compared to the CCG and national average. For example, 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was lower than the national average of 88%, but 88% of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was better than the national average of 84%.

The practice told us that they had changed their clinical computer system in 2014 and had decided not to concentrate on QoF during this year. Evidence from the previous years results (2012/13) show that the practice received 94% of the total points available but had a much high level of exception reporting 23% than in 2014/15 (4% exception reporting). Unverified data that the practice showed us on the day of inspection indicated that QoF results for 2015/16 would be improved when compared to 2014/15 results.

The practice was monitoring its performance against other practices nationally and within the CCG but there was little evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years, but none of these were completed two cycle audits 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 included providing specific spirometry appointments available with a trained nurse to increase the number of patients who would have their annual spirometry test (spirometry is a test of how well someone breathes).

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as 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 such as spirometry training for staff reviewing patients with chronic obstructive pulmonary disease.
- 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, completing immunisation updates and discussion at practice meetings.
- Staff we spoke with told us that their learning needs were identified through a system of appraisals and meetings. 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 received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- There were some gaps in training such as infection control for non-clinical staff and Mental Capacity Act for clinical staff.

Coordinating patient care and information sharing

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

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

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. For

example the practice engaged with a virtual community matron system sharing information where housebound patients required services such as dressing changes and phlebotomy.

Consent to care and treatment

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

- Clinical staff did not all demonstrate a clear understanding of 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, however not all clinical staff demonstrated understanding of this guidance.
- When we interviewed clinical staff the nurse described a good understanding of consent and mental capacity but when we spoke with the lead GP only demonstrated an understanding of power of attorney.
- The process for seeking consent was monitored through patient records audits.

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 promoted the use of patient experts and would put patients in touch with each other by mutual consent.

The practice's uptake for the cervical screening programme was 63%, which was lower than the CCG average of 80% and the national average of 82%. The principal GP told us that there may have been some patients who were screened but this was not documented fully on their medical records.

Childhood immunisation rates for the vaccinations given were mixed but generally lower than CCG averages. For

Are services effective?

(for example, treatment is effective)

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 84% (CCG average 81% to 83%) and five year olds from 64% to 87% (CCG average 76% to 91%).

Patients had access to appropriate health assessments and checks. These included well person checks but the practice

did not offer NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Most of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced, 5 were less positive and mentioned rude staff and doctors as well as difficulty getting routine appointments. 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 below average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 82% 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 the national average of 91%.

- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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 below local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the 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.
- Staff told us that when patients were diagnosed with a serious or long term condition after the consultation the GP wrote personally to the patient a letter outlining their condition along with possible actions or treatments.

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.

Are services caring?

The practice ran a transport fund scheme which could be used in exceptional circumstances to provide transport for vulnerable patients to attend the practice safely.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a phlebotomy clinic on Saturday mornings for 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 was a toilet that was identified for patients with disabilities however there was no alarm to call for help.
- There was no hearing loop.
- The practice had developed a Facebook page to engage more with younger patients and patients with long term conditions, currently there is limited information on the page as it is a recent development.
- Translation services were available.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 9:20am to 11am every morning and 3pm to 5.20pm daily. In addition to pre-bookable appointments and urgent appointments were also available for people that needed them. Extended hours phlebotomy appointments were offered between 9am and 12pm every Saturday.

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

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

The practice showed us evidence that they had reviewed these results and put in place an action plan to address them. The practice also showed us evidence of an in-house survey which indicated an improvement in some areas.

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

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.

This was done by the GP who telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. The receptionists also had a protocol they used to prioritise patients. 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.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that there was information available to help patients who wished to make a complaint.

The practice had not received any complaints in the last 12 months. Staff told us that if a patient wishes to complain they are asked to put it in writing to the practice manager or they will book an appointment with the principal GP to discuss their concerns.

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

- Staff knew understood the practice values.
- The practice did not have a business continuity plan.

Governance arrangements

There was a lack of governance arrangements to identify and manage shortfalls in the services although the practice had a framework which 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.
- A number of practice specific policies were implemented and these were available to all staff.
- There were some arrangements in place for identifying, recording and managing risks, issues. However there were not clear processes to ensure that mitigating actions were implemented.
- The practice was monitoring its performance against other practices nationally and within the CCG but there was little evidence that this had supported improvement.

Leadership and culture

On the day of inspection the principal GP told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP was approachable and always took the time to listen to all members of staff.

The principal GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held ad hoc team meetings which were not always minuted.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues to the principal GP or their manager and felt confident and supported in doing so.
- The principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The practice had identified areas for improvement from the national GP patient survey and used an in house survey to determine whether improvements had been successful. The PPG do not meet regularly but are encouraged to contact the principal GP and have submitted proposals for improvements to the practice management team. For example, the PPG suggested that some patients would find higher chairs easier and the practice have provided higher chairs.
- 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 the principal GP tried to involve all staff to improve how the practice was run.
- The practice has recently developed a Facebook page where it intends to put advice about long term conditions and information for patients.

Continuous improvement

We saw limited evidence of a focus on learning and improvement at all levels within the practice.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice could not provide evidence that it was acting on the risks that were identified in fire risk assessments or infection control audit.</p> <p>The practice did not provide evidence that a Legionella risk assessment had been completed.</p> <p>We found that the practice was unable to provide evidence that training was sufficient for all GPs and staff, for example Mental Capacity Act 2005 and infection control.</p> <p>We found that the practice was unable to provide evidence for all GPs and staff of Disclosure and Barring Service checks or risk assessments to demonstrate that staff did not need checks.</p> <p>This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice did not provide evidence of how clinical audit or a program of clinical audits or monitoring of performance and effectiveness was used to support improvement of patient outcomes.</p>

This section is primarily information for the provider

Requirement notices

We found the practice could not demonstrate that a robust system is in place to ensure that all appropriate policies were in place or that those used were up to date or specific to the practice.

We found that the practice was providing out of date information to patients regarding how to access care when the surgery was closed.

This was in breach of Regulation 17(1) & (2) Health and Social Care Act 2008(Regulated Activities) Regulations 2014

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found the practice could not demonstrate that recruitment procedures were established to comply with this regulation or that the information required in Schedule 3 was available.

This was in breach of Regulation 19 (1) (2) (3) Health and Social Care Act 2008(Regulated Activities) Regulations 2014