

Dr Zaheer Hussain

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow up inspection Dr Zaheer Hussain at Fulham Cross Medical Centre on 15 September 2016. Overall the practice is rated as requires improvement.

Dr Hussein's surgery was placed into special measures following an inspection in February 2016, which was carried out to establish if the required improvements had been made since our first inspection and subsequent enforcement action to suspend the provision of regulated activities at the practice in November 2015.

Following the inspection in February 2016 the practice received an overall rating of inadequate. Four breaches of the Health and Social Care Act 2008 were identified. These breaches related to regulation 11 - Need for consent, regulation 12 - Safe care and treatment, regulation 13 - safeguarding service users from abuse and

improper treatment and regulation 17 - good governance. Four requirement notices were issued and the practice submitted an action plan to CQC outlining the action they would take in response to our findings.

At our follow-up inspection on 15 September 2016 we found that the practice had made significant improvement having employed and worked with external consultants and the Royal College of General Practitioners (RCGP). The four requirement notices we issued following our previous inspection had all been met. The practice is now rated as requires improvement overall.

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

- The system for reporting and recording significant events had been reviewed and further developed. Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning from incidents was shared amongst staff.

Summary of findings

- Results from the national patient survey showed that patients rated the practice better than local and national averages to questions about patient involvement in planning and treating them with care and concern in GP consultations.
- Clinicians were kept up to date with national guidance and guidelines and updates were shared within the clinical team at weekly meetings to improve whole practice care.
- Clinical staff demonstrated an understanding of the Mental Capacity Act 2005 and Gillick competences.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Care plans were in place for vulnerable patients, however they did not contain enough relevant information about treatment plans and reviews.
- The practice did not hold regular multidisciplinary meetings to meet patient's needs and manage complex cases.
- There was no evidence to demonstrate how the practice monitored and improved patient outcomes.
- Significant improvements had been made since our last inspection but the practice could not demonstrate how they would be sustained as key members of the leadership team held temporary contracts.

The areas where the provider must make improvements are:

- Carry out quality improvement activity such as clinical audits including re-audits to ensure improvements have been achieved
- Implement formal processes to ensure the practice works effectively with other service providers to meet patient's needs and manage complex cases.
- Clarify the leadership structure and ensure there is leadership capacity to deliver and sustain all improvements.

The areas where the provider should make improvements are:

- Care plans for patient groups such as for those patients on the mental health register or those with a learning disability were in place, however require further development in relation to clearly stating treatment plans and review information/dates.
- Implement appropriate systems to identify patients who are carers so their needs can be identified and met.
- Formalise the succession plans to ensure continuity of care and future planning.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as requires improvement for effective services.

- The practice had not completed any quality improvement activity including second cycle audits to improve patients outcomes.
- There was minimal engagement with the multi-disciplinary team except in relation to palliative patients.
- There was evidence of appraisals and personal development plans for all staff.
- Care plans for mental health and learning disabilities were in place however needed improving to provide more concise and relevant information.

Requires improvement



Are services caring?

The practice is rated as good for providing responsive services.

- Results from the latest national General Practice patient survey published July 2016 showed patients rated the practice near or above average for its satisfaction scores in most areas.
- We found that 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- There was evidence that the practice had more comprehensively reviewed the needs of its local population since the last inspection and had engaged with the Clinical Commissioning Group to secure improvements to services where these were 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 had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the patient waiting areas.

Are services well-led?

The practice is rated as requires improvement for well-led

- The practice had developed a strategy to provide quality care in order to improve outcomes for patients.
- The practice had a number of policies and procedures to govern activity.
- Clinical audits had been started to monitor quality and to make improvements, however there were no completed ones.
- The practice had proactively sought feedback from staff or patients and had active patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The leadership structure included a temporary practice manager and could not demonstrate how the improvements could be sustained.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were also available for older people when needed.
- Online appointments were available as well as online repeat prescriptions.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators for the practice was 99% which was higher than the CCG average of 84% and a national average of 84%.
- The GP worked with relevant health and care professionals to deliver a multidisciplinary package of care in relation to palliative care patients.
- The practice had care plans in place for patients with the most complex needs. However, these required further development.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations had improved since our last inspection.
- The practice's uptake for the cervical screening programme was 34% which was still below the CCG average of 78% and the national average of 82%. However, we saw evidence to demonstrate that the most recent uptake rates had improved since our last inspection.

Requires improvement



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies and baby changing facilities were available.
- Gaps previously found in the understanding of when a safeguarding referral may be appropriate had been fully addressed by the GP.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered extended hours on Thursdays from 6pm to 7.30pm for working patients who could not attend during normal opening hours.
- Patients could book appointments or order repeat prescriptions online.
- Patients were able to book telephone consultations with the GP.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice did not hold a register of patients living in vulnerable circumstances. It was unable to identify the percentage of patients who had received an annual health check.
- The practice offered longer appointments for patient requiring an interpreter or for those with a learning disability.
- Translation services were available
- The practice did not work with multi-disciplinary teams in the case management of vulnerable people.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- There was a lead staff member for safeguarding and we saw evidence to show that staff had received the relevant training.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health related indicators was 88% which was above the CCG average of 85% and a national average of 87%.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations
- Clinical staff we spoke with had knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The dementia diagnosis rate was 100% which was above both the CCG and national average.

Requires improvement



Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published July 2016. The results showed the practice was mainly similar to or above local and national averages. Three hundred and forty six survey forms were distributed and 82 were returned. This represented a 24% survey response rate of approximately 4% of the patient list.

The practice was above CCG and national averages in relation to consultation with the nurse and reception staff. It was also in line with CCG and national averages regarding access:

- 92% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).
- 87% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).

- 99% said the last appointment they got was convenient compared to a CCG average 88% and a national average 92%.
- 77% described their experience of making an appointment as good compared to a CCG average 71% and a national average 73%.
- 48% usually waited 15 minutes or less after their appointment time to be seen (CCG average 54%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards and all were positive about the standard of care received. Patients felt the practice offered an excellent service and staff were considerate and treated them with dignity and respect.

All patients we spoke with on the day of the inspection (including members of the patient participation group) told us said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Carry out quality improvement such as clinical audits including re-audits to ensure improvements have been achieved
- Implement formal processes to ensure the practice works effectively with other service providers to meet patient's needs and manage complex cases.
- Clarify the leadership structure and ensure there is leadership capacity to deliver and sustain all improvements.

Action the service **SHOULD** take to improve

- Care plans for patient groups such as for those patients on the mental health register or those with a learning disability were in place, however require further development in relation to clearly stating treatment plans and review information/dates.
- Implement appropriate systems to identify patients who are carers so their needs can be identified and met.
- Formalise the succession plans to ensure continuity of care and future planning.

Dr Zaheer Hussain

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 practice manager specialist adviser.

Background to Dr Zaheer Hussain

Dr Zaheer Hussain also known as Fulham Cross Medical Centre, is a single location practice located in the London Borough of Hammersmith and Fulham which provides a primary medical service (PMS) to approximately 2,200 patients in the Fulham area of West London. The patient population groups served by the practice include a cross-section of socio-economic and ethnic groups.

The practice team is made up of one male GP, a practice manager, an administrator and three receptionists. Dr Zaheer Hussain is the lead GP and the practice is registered with CQC as a sole provider.

The practice is open between 8:30am-1:00pm and 4:00pm-8:30pm on Mondays and Tuesdays,

8:30am-1:00pm and 4:00pm-7:30pm on Wednesday, from 09:30am – 1:30pm on Thursdays and 8:30am - 1:00pm and 3:30pm and 6:00pm on Fridays. Appointments were from 8:30am-11:30am and 4:00pm-8:30pm on Mondays and Tuesdays, 8:30am-1:00pm and 4:00pm-7:30pm on Wednesdays, 9:30am- 11:30am on Thursdays and 9:30am-12:30pm and 4:00pm-6:00pm on Fridays. On Thursdays the practice is open for emergencies only between 9:30am to 1:30pm.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were available at the end of morning surgeries on Monday, Tuesday, Wednesday and Friday and the GP carried out home visits on a Thursday afternoon. When the practice was closed a telephone answering message directed patients to appropriate care and advice including access to a GP.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice refers patients to the London Central and West Unscheduled Care Collaborative Out of Hours and the NHS '111' service for healthcare advice during out of hours.

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

Dr Hussein's surgery was suspended following an inspection in November 2015. In order to establish if the required improvements had been made we completed a further inspection in February 2016. We found some improvements had been made, however some concerns still remained, therefore the suspension was removed but the practice was rated inadequate and placed in special measures.

Four breaches of the Health and Social Care Act 2008 were identified. These breaches related to regulation 11 - Need for consent, regulation 12 - Safe care and treatment, regulation 13 - safeguarding service users from abuse and improper treatment and regulation 17 - good governance. Four requirement notices were issued and the practice submitted an action plan to CQC outlining the action they would take in response to our findings.

Detailed findings

Why we carried out this inspection

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

The practices had previously been suspended and after undergoing a comprehensive follow-up inspection on 4 February 2016, the suspension was lifted as some improvements had been made. However, as further breaches were again identified, it was placed in special measures. The breaches were in relation to need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment and governance procedures at the practice

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 15 September 2016.

During our visit we:

- Spoke with a range of staff (including a GP, two practice managers, a nurse and a receptionist).
- Spoke with patients who used the service.
- Spoke with members of the patient participation group (PPG).
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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

When we inspected the practice, in February 2016 we found the practice did not have adequate systems in place for reporting and recording significant events.

At this inspection we found there was an effective system in place for reporting and recording significant events

- The practice manager told us staff would report any incidents to them and then complete the recording form available on the practice's computer system. Staff we spoke with were aware of their responsibilities to bring them to the attention of the practice manager. The incidents were usually discussed on the day they occurred and at staff meetings. We saw evidence to demonstrate that significant events were discussed and that learning points had been shared.
- The practice had carried out a thorough analysis of the significant events that had occurred in the last twelve months.
- The practice told us that when things went wrong with care and treatment, patients were informed of the incident, received support and an apology. They were also told about any actions to improve processes to prevent the same thing happening again. We saw an example of where this had happened, the practice had installed a lock on the patient toilet door after they found members of the public were coming in and using the toilet for abusing substances.

The GP and the practice manager had access to safety alerts and confirmed that these were routinely discussed at staff meetings and showed us evidence to demonstrate this. The GP we spoke with was able to discuss changes that had been implemented at the practice following a recent alert.

Overview of safety systems and processes

At our last inspection, in February 2016, we found that although there were some processes and practices in place to keep patients safe we found some areas of concern. At this inspection we found the practice had clearly defined and embedded 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 that reflected relevant legislation and local requirements. Appropriate policies and procedures were in place and staff had attended the required training. Previously, staff informed us they would report all concerns to the lead GP, however we found they could not demonstrate that they understood what constituted a safeguarding concern. Since the last inspection, the GP had attended further training and was able to demonstrate effective responses to various safeguarding situations.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Previously we were told that it was the GP who was the infection control clinical lead, but had not undergone any training. Further, no staff had received any infection control training and an infection control audit had not been carried out for more than a year. At this inspection we were told it was the practice manager who was now the lead who liaised with the local infection prevention teams and had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff had received training. An infection control audit had been carried out in July 2016. We saw evidence that action was taken to address improvements that had been identified. Cleaning records were kept which showed that all areas in the practice were cleaned daily, and the toilets were also checked regularly throughout the day and cleaned when needed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out a medicines audit, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

We saw evidence to show that Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Previously we found the practice employed a cleaner; however there was no personnel file or records of their employment. At this inspection we found appropriate personnel files for all staff were in place.
- At our last inspection the practice did not employ a nurse and did not have any process in place to monitor how many women attended the local clinic for cervical screening and could not tell us how they followed up women who were referred as a result of abnormal results. At this inspection we found that a locum nurse had been employed who worked 14 hours a week and they had implemented systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

At our last inspection, in February 2016, we had some concerns regarding managing risks to patients. At this inspection we found risks to patients were assessed and well managed..

- Previously the practice did not have an up to date fire risk assessment and did not have any risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and

legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At this inspection we found a fire risk assessment had been completed and an external agency had carried legionella testing of the water system. We saw the practice had implemented the identified actions from both assessments.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recruited a nurse since our last inspection and would approach an agency for any planned absences.

Arrangements to deal with emergencies and major incidents

- The practice had adequate arrangements in place to respond to emergencies and major incidents. All staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 fit for use
- The practice had a business continuity plan in place at our last inspection, however there was no clear information regarding what to do in an emergency and there were no copies kept off site. Since our inspection they had reviewed and updated the plan, we found it was comprehensive and copies were kept at home by the lead GP and the practice managers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At the last inspection we found there was no evidence to demonstrate the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

At this inspection we found the practice had implemented systems to ensure patients were assessed and care was delivered in line with evidence based 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. Although the nurse was a locum they told us they had regular clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. Both the GP and the nurse could clearly outline the rationale for their treatment approaches.
- Previously, full use was not being made of the electronic patient record system. We saw that since the last inspection, the GP had undergone some training on the appropriate use of the system and was able to demonstrate that this was now being used effectively to support patient care. However, although care plans were in place the GP acknowledged they still required further development for patient groups such as for those patients on the mental health register or those with a learning disability in relation to clearly stating treatment plans and review information/dates.

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). However we noted that most recent unpublished results were 59% of the total number of points available, with 6% exception reporting. (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).

The practice was an outlier for QOF (or other national) clinical targets in records of atrial fibrillation and osteoporosis:

- Performance for atrial fibrillation related indicators was 65% which was 32% below the CCG average of 34% below the national average.
- Performance for osteoporosis related indicators was 67% which was 3% below the CCG average of 15% below the national average.
- The practice had achieved 100% of the latest QOF points for Dementia which was above both CCG and national averages.

At the last inspection there was very limited monitoring of people's outcomes of care and treatment, including no completed clinical audits. At this inspection we found the GP had started two clinical audits in the last year. One involved identifying how many patients with asthma used more than eight inhalers a year, with a view to identify who might need a review of the management of their Asthma. The second involved identifying patients who were being prescribed anti-biotics over a long period and then deferring the anti-biotic prescribing with a view to reduce the patients' reliance on these drugs. In both cases the practice had carried out a search of the system and identified relevant patients. The GP told us the next step would be to call them for a review and discuss the risks with them. They said they would then carry out a further audit in six months' time to ascertain whether the numbers in both groups had reduced.

Effective staffing

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

At the last inspection we were told the practice had an induction programme for all new staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, however we did not see any evidence of this.

At this inspection the practice had an induction checklist and a mandatory training programme for all newly appointed staff and we saw that all staff had attended the training in all the areas listed above.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

At the inspection in February 2016 we saw no evidence of multi-disciplinary team (MDT) meetings taking place. The practice did not work effectively with other service providers to meet patient's needs and manage complex cases. We found there were no formal arrangements in place for multi-disciplinary (MDT) meetings.

At this inspection we were told that regular MDT meetings still did not take place, however palliative care patients were discussed regularly with district nurses and the palliative care team. We saw evidence in the patient's records to confirm this.

- 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw the practice used the 'coordinate my care' system to alert out of hours to any concerns regarding end of life patients.

Consent to care and treatment

At the inspection in February 2016 we found the GP did not demonstrate an understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, despite attending training. Further, there was no formal process in place for seeking and documenting patients consent.

At this inspection we found there were still some concerns.

- The GP had attended further training and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear there was no evidence to show how the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

At the last inspection in February 2016 the practice cervical screening and uptake was 18% which was significantly lower than the national average of 82% and their childhood immunisation rates were also lower than the national average.

The practice had employed a locum nurse who worked 14 hours a week, they told us the majority of their work was carrying out smears and they showed us that the practice had made significant improvements in uptake rates. We were shown evidence to confirm it had improved to 34%. They told us that this had been achieved through a targeted campaign using letters, phone and texts, to inform women that they could now get the screening carried out at the practice.

Childhood immunisation rates have also increased slightly. For example at the last inspection childhood immunisation rates for the vaccinations given to under two year olds ranged from 38% to 76% and five year olds from 33% to 67%. Latest figures show rates for the vaccinations given to under two year olds ranged from 38% to 87% and five year olds from 30% to 100%.

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.

- Privacy screens 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 told us how they would use an empty consultation room when patients wanted to discuss sensitive issues or appeared distressed.

We received 37 patient Care Quality Commission comment cards and all were extremely positive about the service experienced. Patients said they felt the GP offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Patients we spoke with on the day of the inspection said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine members of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the CCG for 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 87% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 91% 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%.

- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% 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 79% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% 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. We saw notices in the reception areas informing patients this service was available.
- The practice had a hearing loop installed.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. However, we noted that the coding was not very clear and the GP agreed it could be improved. The

practice manager told us they had a carers register but was unable to tell us how many people were on it. The practice had written information in the waiting room to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Since our last inspection the practice had 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 on Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Patients were able to book telephone consultations with the GP.
- A facility for online repeat prescriptions and appointments bookings was available.
- There were longer appointments available for patients with a learning disability and those patients who needed them, such as the elderly.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and for those patients who requested them.
- Baby changing facilities were available.
- There were disabled facilities and translation services available.
- There was a disabled toilet available for patients and consulting rooms were on the ground floor however, the practice entrance had a step. The practice had a mobile ramp and there was a poster displayed indicating the mobile ramp was available upon request.
- The reception desk had not been lowered for wheelchair users. The reception staff told us they would come out from behind reception to talk with patients in a wheelchair.
- A hearing loop system had been installed and was available for patients with hearing difficulties.

Access to the service

The practice is open between 8:30am-1:00pm and 4:00pm-8:30pm on Mondays and Tuesdays,

8:30am-1:00pm and 4:00pm-7:30pm on Wednesday, from 9:30am – 1:30pm on Thursdays and 8:30am - 1:00pm and 3:30pm and 6:00pm on Fridays. Appointments were from

8:30am-11:30am and 4:00pm-8:30pm on Mondays and Tuesdays, 8:30am-1:00pm and 4:00pm-7:30pm on Wednesdays, 9:30am- 11:30am on Thursdays and 9:30am-12:30pm and 4:00pm-6:00pm on

Fridays. On Thursdays the practice is open for emergencies only between 9:30am to 1:30pm.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were available at the end of morning surgeries on Monday, Tuesday, Wednesday and Friday and the GP carried out home visits on a Thursday afternoon. When the practice was closed a telephone answering message directed patients to appropriate care and advice including access to a GP. The out of hours service was provided by an external provider.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients we spoke with on the day told us they were always able to contact the practice by phone and appointments were always available.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system through the practice leaflet and a complaints leaflet.

We looked at one complaint received in the last 12 months and found this was satisfactorily handled and had been dealt with in a timely way.

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

At the last inspection in February 2016 we found the practice did not have a specific vision to deliver high quality care and promote good outcomes for patients. We were told that the GP had signed a new partnership with another local doctor as part of the succession planning, where the new partner would take over the running of the practice. The new GP was working as a salaried GP one day a week.

At this inspection we saw the practice had developed a mission statement to provide high quality care delivered by a dedicated team with the support of a primary care team and wider health professionals.

- The provider had employed a new temporary interim practice manager to support the practice improvements since the last inspection.
- However, the GP partner had resigned and the lead GP told us his main objective in regards to succession planning was in relation to someone taking over when he retired. On the day of the inspection, a GP from a neighbouring practice was present. They told us of future sustainability plans by potentially merging with this neighbouring practice. However, these plans had not yet been formalised.

Governance arrangements

The practice now had a governance framework which supported the delivery of good quality care. However, the new practice manager was only temporary and it was not clear how the improvements made would be sustained if they left.

- Practice specific policies were available to all staff in a folder in reception and on the computer desktops. The GP was now able to access these when the practice manager was absent.
- The GP had a better understanding of the performance of the practice
- Clinical audits had been started to monitor quality and to make improvements, however there were no completed ones.

- There were good arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP had a better understanding of the day to day management of the practice in the absence of the practice manager. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. We also found that the provider had invested a significant amount of time to ensuring the gaps in the knowledge of the processes that had been found at the last inspection had been addressed. The provider was able to demonstrate their understanding and how they complied with the requirements of the Duty of Candour.

The practice manager told us that when there was unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They had developed a template to record verbal interactions.

Although there was a leadership structure in place and staff felt supported by management, the practice manager had a temporary contract, the nurse was a locum and the practice had been supported to improve by the RCGP and other management consultants. The provider was therefore unable to evidence how these changes would be sustained.

- Staff told us the practice held regular team meetings and we saw evidence to indicate that these were taking place.
- 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 in doing so and felt supported if they did. The practice did not hold team away days.
- Staff said they felt respected, valued and supported, particularly by the lead GP and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement 

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

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

- The practice had an active patient participation group (PPG) with sixteen members. We spoke with nine of the PPG members on the day of the inspection. The PPG members were highly positive about the practice and

felt that they were listened to and that their views were valued. We were told that the PPG were in the process of compiling a practice survey to obtain wider patient feedback.

- The practice manager and staff members informed us that they were able to provide feedback at staff meetings, annual appraisals and on a one-to-one basis. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured:</p> <ul style="list-style-type: none">Processes were in place to ensure the practice was working with other services in planning the care of patients with complex needs. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">The provider had not carried out any quality improvement activity including clinical audits, to ensure improvements in outcomes for patients.The provider did not have a governance structure that would support and ensure delivery and sustainability of the changes made to the practice. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>