

Dr Philip Olufunwa

Quality Report

Westbourne Green Surgery
260 Harrow Road
London
W2 5ES

Tel: 0207 289 2810

Website: www.westbournegreensurgery.nhs.uk

Date of inspection visit: 22 October 2015

Date of publication: 24/12/2015

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?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Philip Olufunwa on 22 October 2015. Overall the practice is rated as Requires Improvement.

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.

Our key findings were as follows:

- Staff were clear about reporting incidents, near misses and concerns and there was evidence of communication of lessons learned with staff.
- The practice worked in collaboration with other health and social care professionals to support patients' needs and provided a multidisciplinary approach to their care and treatment.

- There was limited evidence of practice initiated clinical audit and re-audit to improve patient outcomes.
- There were shortcomings in the practice's recruitment processes.
- The practice promoted good health and prevention and provided patients with suitable advice and guidance. However, the introduction of care plans and annual checks for some at risk groups was in the early stages.
- The practice provided a caring service. Patients indicated that staff were caring and treated them with dignity and respect. Patients were involved in decisions about their care.
- The practice provided appropriate support for end of life care and patients and their carers received good emotional support.
- The practice learned from patient experiences, concerns and complaints to improve the quality of care.

Summary of findings

- There was an open culture and staff felt supported in their roles.

The areas where the provider must make improvements are.

- Ensure patients are fully protected against the risks associated with the recruitment of staff; in particular in ensuring all appropriate pre-employment reference checks are carried out and recorded in staff records.

In addition the provider should:

- Arrange for the practice's policy on safeguarding of vulnerable adults to include details of local agencies to contact for further guidance if staff have concerns about a patient's welfare.
- Ensure evidence of child safeguarding training is held in the practice's records for all temporary locum doctors.
- Ensure disposable privacy curtains in consulting rooms are changed after six months in accordance with national guidance

- Consider carrying out a monthly check of the single thermometer in the vaccines fridge to confirm that the calibration is accurate, in line with the national guidance; and ensure the vaccine fridge is not overstocked, to avoid inhibiting air flow and circulation.
- Complete the introduction of care plans for patients over 75, those at risk hospital of re-admission and patients with complex problems.
- Carry out clinical audits and re-audits to improve patient outcomes.
- Ensure the completion of: systematic recall for the review of all patients with long term conditions; and the annual health checks for patients diagnosed with dementia and those with learning a learning disability, for all patients due them.
- Ensure discussion of informed consent for medical procedures is recorded in the patient's notes in all cases.

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, as there are areas where improvements are needed.

- 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.
- There was an infection control policy to ensure standards of hygiene and cleanliness. However, disposable curtains in consulting rooms had not been replaced after six months, in accordance with national guidance.
- The vaccine fridge did not have two thermometers which is recommended under national guidance, and was overstocked which may inhibit air flow and circulation and compromise stored medicines.
- There were recruitment policies and procedures in place including arrangements for pre-employment checks. However, none of the six files we sampled had references from previous employers on file.

Requires improvement



Are services effective?

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

- Care plans were being introduced for patients over 75, those at risk of hospital re-admission and patients with complex problems, although this was in the early stages.
- The practice had also only recently commenced more rigorous systematic recall of people for review of long term conditions.
- Only two of 10 patients on the practice's dementia register had received an annual health check and only a small number of patients with a learning disability eligible for an annual health check had received one in the current year
- The practice participated in local CCG led audits. However, there was limited evidence of the practice initiating its own clinical audits and completing the full audit cycle to drive improvement in performance to improve patient outcomes.
- The practice had a consent protocol which staff were aware of and followed. However, we noted that discussion of informed consent for a procedure had not been recorded in two patient's notes we reviewed.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- There was plenty of supporting information to help patients understand and access the local services available, although this was mostly in English and a small amount of information was in the language spoken by a high proportion of patients. There was, however, an on-site translator who spoke this language.
- The practice provided appropriate support for end of life care and patients and good emotional and bereavement support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.
- Patients told us on the day that they were able to get appointments when they needed them.
- The practice had adequate facilities and was appropriately equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded appropriately to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had listened and responded to patient feedback about access to appointments and had taken action to improve this.

Good



Are services well-led?

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

- The practice ethos of putting patients first was underpinned by its statement of purpose which set out the aims and objectives of the service. However, not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients at the practice.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- The practice encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, older people. Home visits were available for older patients if required. Flu vaccinations were provided to older people in at-risk groups. There was a named doctor offering continuity of care to patients over 65. Care plans were being introduced for older people, although this was at the early stages. There was a primary care navigator and benefits adviser on site to support vulnerable older patients and facilitate access to a range of services. The practice had monthly multidisciplinary meetings with a range of social and healthcare professionals to discuss at risk patients. The practice also discussed the needs of the patients in this group at regular local care navigators' meetings. The practice had appropriate arrangements for end of life care and also provided direct bereavement support.

Requires improvement



People with long term conditions

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, people with long term conditions. Each patient in this group had a named GP responsible for co-ordinating their care. Care plans were being introduced for patients at risk of hospital re-admission and patients with complex problems, although this was in the early stages. The practice had also only recently commenced more rigorous systematic recall of people for review of long term conditions. GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care or those people with the most complex needs. Longer appointments and home visits were available when needed. The practice carried out in-house monitoring of long term conditions such as diabetes, asthma and Chronic obstructive pulmonary disease (COPD). The practice also offered an in-house self check blood pressure monitoring service. Flu vaccination rates for at risk groups were higher than the CCG average.

Requires improvement



Families, children and young people

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, families, children and young people. Arrangements were in place to

Requires improvement



Summary of findings

safeguard children from abuse that reflected relevant legislation and local requirements. There were systems in place to identify and follow up children who were at risk. Expectant mothers and new mothers were offered psychological support, counselling or talking therapy. Prenatal and antenatal care was supported and referrals were made to maternity services provided elsewhere to ensure co-ordinated care. Sexual health services were provided at the premises by another provider to whom the practice referred young persons in need of their services. There was In- house, chlamydia screening and an onsite counsellor provided relationship advice. Childhood immunisation rates for the vaccinations given were broadly comparable to CCG rates in 2014/15. The practice offered easy access to advice and appointments for children and appointments were available outside of school hours.

Working age people (including those recently retired and students)

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered online services for booking appointments and requesting prescriptions, as well as health promotion and screening services that reflected the needs for this age group. This included a range of on-site services such as psychological counselling, health checks for eligible adults, and various other services such as weight reduction advice, smoking cessation, and referrals to drug and alcohol cessation services. The practice offered extended hours appointments for people who were only able to attend appointments after their working hours.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, people whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability. However, it was reviewing the register to ensure it correctly identified all such patients. It offered longer appointments for people with a learning disability and extended health check appointments. However, only a small number of those eligible for a check had received one in the current year. There were links with a local learning disabilities care home service and a local charity for people with alcohol and drug related problems. The practice understood

Requires improvement



Summary of findings

the issues facing refugees, foreign language speakers and ethnic minorities who constituted a large part of the practice population. There was an in house interpreter to support such patients in engaging with practice staff and the services provided.

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 practice is rated as requires improvement in the key questions of safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group, people experiencing poor mental health (including people with dementia). Patients in this group were given longer appointments and provided with continuity of doctor and timely follow up. There was a mental health support worker and a counsellor who attended the practice weekly and doctors referred patients as needed. Patients were also referred to the local primary care plus service for 'talking therapy' and signposting to community mental health support services. The practice regularly engaged with local specialist mental health services, including community psychiatrists and nurses. The practice regularly discussed the needs of the patients in this group at our local care navigators' meetings. The practice carried out screening for the early identification and diagnosis of dementia. Only two of 10 patients on the practice's dementia register had received an annual health check in the last year.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed a variable picture regarding how the practice was performing in line with local and national averages with some response above and others below. There were 69 responses and a relatively low response rate of 15.3%.

- 66% patients said they could get through easily to the surgery by phone compared to the CCG average of 82% and national average of 73%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- 98% of patients said the last appointment they got was convenient compared to the CCG average of 87% and national average of 92%.
- 66% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

- 24% patients said they usually waited 15 minutes or less after their appointment time (CCG average 56%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the five patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a quality service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with eight patients, including two members of the patient participation group (PPG) on the day of our inspection. Their experience aligned with that highlighted in comment cards and they were mostly very satisfied with the care and treatment provided.

Areas for improvement

Action the service **MUST** take to improve

- Ensure patients are fully protected against the risks associated with the recruitment of staff; in particular in ensuring all appropriate pre-employment reference checks are carried out and recorded in staff records.

Action the service **SHOULD** take to improve

- Arrange for the practice's policy on safeguarding of vulnerable adults to include details of local agencies to contact for further guidance if staff have concerns about a patient's welfare.
- Ensure evidence of child safeguarding training is held in the practice's records for all temporary locum doctors.
- Ensure disposable privacy curtains in consulting rooms are changed after six months in accordance with national guidance

- Consider carrying out a monthly check of the single thermometer in the vaccines fridge to confirm that the calibration is accurate, in line with the national guidance; and ensure the vaccine fridge is not overstocked, to avoid inhibiting air flow and circulation.
- Complete the introduction of care plans for patients over 75, those at risk hospital of re-admission and patients with complex problems.
- Carry out clinical audits and re-audits to improve patient outcomes.
- Ensure the completion of: systematic recall for the review of all patients with long term conditions; and the annual health checks for patients diagnosed with dementia and those with learning a learning disability, for all patients due them.
- Ensure discussion of informed consent for medical procedures is recorded in the patient's notes in all cases.

Dr Philip Olufunwa

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, a practice manager, a second CQC inspector and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Dr Philip Olufunwa

Dr Philip Olufunwa provides primary medical services through a Personal Medical Services (PMS) contract to around 3,700 patients living in the Westbourne Green area within the London Borough of Westminster in North West London. The services are provided from a single location within the Health@Stowe premises run by Central London Community Services and the practice is part of NHS West London Clinical Commissioning Group. The practice has an ethnically diverse patient population which includes a relatively high proportion of Arabic speaking patients. There were high rates of deprivation within the practice area compared to practice averages across England.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury. However, no minor surgery service was being provided at the time of the inspection.

The practice is open between 8:30am and 1:30pm Monday to Friday and from 2:00pm to 6:30pm Tuesday, and Friday and from 2:00pm to 7:30pm Monday and Wednesday. The

practice is closed from 1:30pm on Thursday. Appointments are from 9:00am to 1:00pm Monday and Friday; 9:00am to 12:30pm Tuesday; 9:00am to 2:00pm Wednesday; and 9:00am to 12:00 noon Thursday. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

At the time of our inspection, there was one whole time equivalent (WTE) GP (the Principal GP), two long-term locum GPs (one male and one female - 0.75 WTE), and practice manager at the practice. The practice also employed a part-time nurse practitioner (covered by a temporary locum nurse at the time of our inspection), a part time health care assistant and five administrative staff (four WTE).

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are advised to call 111 who will direct their call to the out of hours service to provide telephone advice or make a home visit.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This 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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We liaised with NHS West London Clinical Commissioning Group (CCG), local Healthwatch and NHS England.

We carried out an announced visit on 22 October 2015. During our visit we spoke with eight patients, including two members of the patient participation group (PPG), and a range of staff including the Principal GP, a locum GP, the nurse practitioner, the practice manager, and reception/administrative staff. We reviewed five comments cards where patients who visited the practice in the week before the inspection gave us their opinion of the services provided. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We reviewed personal care plans and patient records and looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Non-clinical staff told us they would inform the practice manager in the first instance of any incidents and there was also a recording form available on the practice's computer system which was accessible to all staff. The practice had access to the National Reporting and Learning System (NRLS) eForm to report patient safety incidents, although the practice manager told us that the form had not been used in the short time since his recent appointment.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an urgent fax regarding a mental health patient was sent by staff but was not received by the addressee and staff did not check confirmation of delivery before leaving for the day. This was discussed within the practice and the importance of ensuring confirmation of the delivery of faxes was stressed. To avoid a recurrence of this incident the practice manager and reception manager initiated ongoing monitoring including daily checks at the end of the day to ensure there was confirmation of delivery of all faxes sent.

There were appropriate systems for managing and disseminating patient safety alerts and guidance issued by the National Institute for Health and Care Excellence (NICE). Alerts and guidelines were received by email and the practice manager disseminated anything relevant to the practice to all clinical staff. Where appropriate, guidance and alerts would be discussed at clinical meetings to review and act on any changes in practice required.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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 and policies were accessible to all staff. The safeguarding children policy

contained details of local agencies to contact for further guidance if staff had concerns about a patient's welfare. The vulnerable adults policy did not contain similar details but a list of contacts for both groups was displayed in the reception office and in each consultation room. There were lead members of staff for safeguarding, although the safeguarding children policy needed to be updated in this respect to reflect recent changes in staff. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, although the certificate confirming this for a locum doctor working at the practice for the first time was not available on the day of the inspection.

- Notices were on display throughout the practice advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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 in most respects. We observed the premises to be clean and tidy. There was a cleaning schedule in place, although there was no log to confirm the schedule had been completed. The nurse practitioner was designated as the infection control clinical lead with responsibility for liaison with the local infection prevention teams to keep up to date with best practice. However, at the time of the inspection the role was being covered by the principal GP pending the employment of a new nurse practitioner. There was an infection control policy in place which included guidance on the safe disposal of sharps. There was a separate needlestick injury policy on display in the nurse's room. We noted that two of the three sharps disposal bins available in the nurse's room were not dated. The locum nurse on duty realised this omission when we were checking them with her and undertook to address this immediately. Staff had received up to date infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We were shown an infection

Are services safe?

control audit dated December 2014 and noted the practice had implemented the majority of the small number of recommendations made. Disposable privacy curtains in consulting rooms were put up in March 2015 but not been changed in September 2015, after six months in accordance with national guidance. The practice manager told us the delay in changing them was due to a change to a new cleaning contractor and this would be addressed as a priority.

- 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 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. No vaccinations were administered by the health care assistant (HCA) at the time of the inspection. However, the HCA was being trained for this and the practice would be introducing a system for production of Patient Specific Directions to support this.
- There was a process for ensuring that medicines were kept at the required temperatures. We saw that checks of fridge temperatures were carried out daily and recorded, and appropriate action had been taken when on one occasion the temperature recorded had exceeded the required range. However, the fridge in use did not have two thermometers which is the ideal under national guidance. The guidance advises if only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate but no such checks were in place. The fridge was also tightly stocked which may inhibit air flow and circulation and compromise stored medicines. We discussed this with the practice and they undertook to take immediate action to purchase an additional fridge.
- Recruitment checks were carried out including proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Staff we spoke with told us they had been asked to provide references before taking up employment. However, none of the six files we sampled had

references from previous employers on file. The practice manager told us that before the inspection that he had undertaken a review of criminal records checks and had submitted all relevant details to an umbrella body to arrange up to date DBS checks for all staff.

Monitoring risks to patients

There were adequate arrangements to assess and manage risks to patients.

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The landlords of the building were responsible through a contractor for managing the health and safety of the practice premises, including carrying out annual risk assessments. There was a service level agreement setting out the practice's responsibilities within these arrangements, although this required updating to reflect a change in contractor. There were up to date fire risk assessments and regular fire drills and we saw the documentation for this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw up to date records of these checks. There were also a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice manager had recently completed an audit of clinical sessions in the light of patient demand. As a result the practice had increased GP sessions to 20 sessions per week, nursing to five sessions and the HCA to eight sessions. In the event of a critical shortage of staff, the practice had arrangements with a local 'buddy practice' to share staff resources and help each other out.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the nurse's treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. It also made provision for services to be delivered from a local 'buddy practice' in the event of the practice building becoming uninhabitable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and sample checks of patient records. The practice took special care to ensure reviews took place at the stipulated times specified in NICE guidelines before repeat medications were issued.
- Arrangements had been put in place to assess patients' ongoing and changing needs. Care plans were being introduced for patients over 75, although this was in the early stages. The practice had also only recently commenced more rigorous systematic recall of people for review of long term conditions. The practice carried out screening for the early identification and diagnosis of dementia. However, only two of 10 patients on the practice's dementia register had received an annual health check in the last year. There were longer appointments for people with a learning disability and extended health check appointments. However, only a small number of those eligible for a check had received one in the current year
- The clinical staff also maintained their professional knowledge by undertaking regular update courses, for example in ethics, law and professionalism in medical practice. There were also regular meetings with a local buddy practice where guidelines were discussed and practice reviewed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 88.5% of the total number of points available (1.3% above the CCG average and 5.5% below the national average), with 8.6% exception reporting in the clinical domain. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was similar to the CCG and worse than the national average: 79.3% compared to 79.5% and 90.1% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average: 78% compared to 78% and 79.2% respectively;
- Performance for mental health related indicators was worse than the CCG and national average: 73% compared to 80.3% and 90.5% respectively;
- Performance for dementia related indicators was better than the CCG and national average: 100% compared to 82.3% and 93.4% respectively.

Since our inspection the 2014/15 QOF performance has been published. This showed a drop in the total number of points available to 83.8% and, in the indicators highlighted above, a fall in the performance for diabetes and dementia but an improvement for hypertension and mental health. The practice felt that a number of staff changes in the last year partially explained the lower scores but anticipated an improvement in QOF performance in the current year now that there was a more settled practice team.

The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) reported in Health and Social Care Information Centre (HSCIC), Hospital Episode Statistics (HES), was 0.36 below the national average. This was identified by CQC prior to the inspection as a 'very large variation for further enquiry'. We discussed this with the practice who attributed this to the patient demographic profile with below average numbers of patients aged 45 and above. However, the practice checked all newly registered adult patients and documented all chronic illness including CHD.

Other areas identified by CQC for further enquiry at the inspection included a very large variation compared to

Are services effective?

(for example, treatment is effective)

nationally in prescribing hypnotic medicine; and a large variation in prescribing antibiotic items that are cephalosporins or quinolones (prescribed for a wide variety of bacterial infections).

The principal GP told us the practice had, with CCG pharmacist support, initiated an audit of patients on hypnotics with a view to reducing prescription rates. We saw examples of letters sent to patients inviting them for a medication review. The relatively high rates were explained in part because prescriptions had been initiated elsewhere and a number of patients registered who were refugees who suffered from post-traumatic stress disorder (PTSD) and had been victims of torture. The practice referred such patients to local psychological support services. The practice had also initiated an audit of antibiotic prescribing which was ongoing at the time of the inspection; the first cycle had only recently been completed and had yet to be reviewed by the clinical team. There was limited other evidence of the completion of two cycle audits initiated by the practice to drive improvement in performance to improve patient outcomes. We were told of an audit of the efficacy of various drugs on patients suffering from gout was in progress but no results were available at the time of the inspection.

The practice participated in applicable local audits, national benchmarking, and peer review. For example, clinical audits and re-audits regarding the use of antibiotics had been done for all quarters of the last financial year (2014-2015) and the current year to date (2015-2016). As a result the practice had identified which clinicians had prescribed antibiotics the most and was looking at steps to bring down the prescribing rates. The practice was liaising with the CCG support pharmacist, who was supporting the clinicians in their efforts to do so.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. The programme also included familiarisation with the staff training programme and the employee handbook containing the policies and

procedures relating to employment. Locum doctors employed by the practice were provided with a 'locum induction pack', which covered both administrative and clinical practices and processes.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff, apart from those recently appointed had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house and externally provided training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, medical records and test results. Information such as NHS patient information leaflets was also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis to consider patients with complex needs, including those with long term conditions and mental health problems who had been assessed as at risk.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The practice had a consent policy and a related mental capacity assessment guide and checklist which made appropriate references to

Are services effective?

(for example, treatment is effective)

the Mental Capacity Act (MCA) 2005 with regard to mental capacity and “best interest” assessments in relation to consent. Clinical staff had received MCA training and understood the relevant consent and decision-making requirements of legislation and guidance regarding consent. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. The consent policy made provision for documenting consent for specific interventions using a consent form, for example, for any procedure which carried a degree of risk. A note would be made in the medical record detailing the discussion about the consent and the risks. However, we noted that discussion of informed consent for a cervical smear procedure had not been recorded in two patient’s notes we reviewed.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service. For example, the nurse practitioner and healthcare assistant provided advice to identified smokers at a smoking cessation clinic. A smoking cessation adviser also attended the practice once a week to provide additional assistance to patients.

The practice had a comprehensive screening programme. The practice’s uptake for the cervical screening programme was 77.2%, which was comparable to the CCG average of 77.7% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. Patients who had abnormal test results were recalled within three months. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 96% and five year olds from 65% to 93%. These rates were better than CCG averages. Flu vaccination rates for the over 65s were 69% (4% below the CCG average), and at risk groups 57% (5% above the CCG average).

Patients had access to appropriate health assessments and checks carried out by the nurse practitioner and healthcare assistant. These included health checks for all new patients and NHS health checks for people aged 40–74 (13% of eligible patients checked). Appropriate follow-ups on the outcomes of health assessments and checks were made, by referral to the GPs, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the five patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a quality service and staff were helpful, caring and treated them with dignity and respect. We also spoke with eight patients, including two members of the patient participation group (PPG) on the day of our inspection. Their experience aligned with that highlighted in comment cards and they were mostly very satisfied with the care and treatment provided.

Results from the national GP patient survey showed patients were broadly happy with how they were treated and that this was with compassion, dignity and respect. The practice generally scored below CCG and national averages for its satisfaction scores on consultations with doctors and nurses:

- 82% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 81%, national average 87%).
- 85% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 77% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 90%).
- 85% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Although there was a relatively low response rate to the survey (15.3%), the practice expected to achieve better scores in the next survey now that staffing had stabilised following several changes in personnel in the last year. They had also identified from a review of patient feedback in January 2015 that two of 11 patients who had completed comment cards were unhappy with reception staff. Staff met to discuss this feedback and as a result face to face and e-learning customer service training was arranged and completed by administrative staff in April and June 2015.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, although results were below local and national averages. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language and there was an in-house Arabic translator to support the relatively high proportion of patients who spoke this language. Notices in the reception areas informing patients these services were available, although these were mostly in English and only one or two were in the patients' predominantly spoken language.

Are services caring?

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice identified patients who were carers opportunistically during appointments. Carers support needs were identified with the on-site primary care navigator who visited the practice once a week. Written information was available to direct carers to the various avenues of support available to them. The practice website set out the support provided by the practice for carers including help available from the practice's dedicated lead.

Once the practice identified someone as a carer they offered flexible appointment times; a free annual flu and vaccination health check; and referral to the local carer support service.

The practice had introduced a bereavement policy which advised staff how to support families when there is death of a patient at home. The policy included a letter which was sent families who had suffered bereavement, offering the practice's condolences and enclosing information leaflets and contact details to help the family, signposting organisations that can give support and comfort.

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 an extended hours clinic on a Monday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or mental health problems.
- There was a primary care navigator and a benefits adviser on site to support vulnerable older patients and carers and facilitate access to a range of services.
- The practice was introducing care plans for patients aged 75 and over, those at risk of hospital re-admission and patients with complex problems, although this was in the early stages.
- The practice participated in a local enhanced services scheme for avoidable unplanned admissions to hospital.
- The practice worked closely with district nurses who case managed patients with complex needs.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- There was a mental health support worker and a counsellor who attended the practice weekly. Appointments with them were by GP referral.

Access to the service

The practice was open between 8:30am and 1:30pm Monday to Friday and from 2:00pm to 6:30pm Tuesday, and Friday and from 2:00pm to 7:30pm Monday and Wednesday. The practice was closed from 1:30pm on Thursday. Appointments were from 9:00am to 1:00pm Monday and Friday; 9:00am to 12:30pm Tuesday; 9:00am to 2:00pm Wednesday; and 9:00 am to 12.00

noon Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

If patients wished to speak to a GP or nurse, they were asked to call the surgery before 12:00 noon. The receptionist liaised with the GPs and arranged for them to call the patient back at the earliest opportunity to provide telephone advice. Calls after 12.00 noon were responded to the following day unless urgent in which case the call would be referred to the on call GP to contact the patient.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was variable compared to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 66% patients said they could get through easily to the surgery by phone (CCG average 82%, national average 73%).
- 66% patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 24% patients said they usually waited 15 minutes or less after their appointment time (CCG average 56%, national average 65%).

In response to the low rate of satisfaction with waiting times when attending the surgery, the practice had introduced a revised ticketing system to manage queuing for an appointment. Under the previous system patients could take several tickets but now one ticket per patient was issued. This was universally popular with patients and PPG members we spoke with who felt the revised system was much fairer. Staff also told us it had improved considerably the management of the reception desk and the process of receiving patients at the desk was now much smoother and patients were much happier.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had an effective system in place for handling complaints and concerns. There were additional policies to support staff in the handling of concerns covering whistleblowing, personal harassment and equal opportunities.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including an NHS notice on how to complain in the reception area, a

practice complaints leaflet and form and comments box available at the reception desk. There was also information available on the practice's website if patients wished to raise concerns.

We looked at the information provided by the practice on four complaints received since 1 April 2014. We found those which had been concluded were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Complaints and their outcomes were discussed with appropriate staff and with the practice team to communicate wider lessons learned. We saw meeting minutes where complaints were discussed, for example where the importance of clearly recording the reasons for prescribing of medicines in patients' notes was reviewed as a result of lessons learnt from a complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear ethos which involved putting patients first. As stated on its website, the practice was committed to offering the highest standard of patient-centred healthcare for the diverse multicultural and multiethnic population it served. This was underpinned in the practice's statement of purpose which set out the aims and objectives of the service and included a commitment to "create a partnership between patient and health professionals which ensures mutual respect, holistic care and continuous learning and training."

Not all staff we spoke with were aware of the statement of purpose and there was no mission statement or practice vision on display for patients at the practice. However, it was clear that patients were at the heart of the service they provided and the recently appointed practice manager told us he was working with the principal GP to develop a mission statement which would be shared with staff and patients.

Governance arrangements

The practice had a comprehensive range of policies and procedures in place to govern activity and these were available to staff via the computer system within the practice. The policies were subject to regular review and updating.

The practice undertook clinical audits initiated by the CCG and in house which it used to monitor quality. However there was limited evidence of clinical audits initiated within the practice where the second cycle of audit had been completed.

The practice had arrangements for identifying, recording and managing risks, including regular monitoring and review of risks to individual patients, including monitoring of families and children and vulnerable adults at risk.

The practice had an ongoing programme of regular governance meetings which were minuted. These included monthly clinical and all practice staff meetings and weekly lunchtime meetings for reception and administrative staff. These formal arrangements had been recently established to replace previously more informal arrangements.

Leadership, openness and transparency

The GPs in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The principal GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents, 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 that regular team meetings were held. All staff had clearly defined roles which they knew and understood. All staff we spoke with told us they felt valued, respected and well supported. They said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so, and felt supported if they did.

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. The practice had undergone several staff changes over the past year but all staff we spoke with felt that things had now settled down and the practice as a whole worked well as a team.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, and reviewed with the practice the results of patient surveys and agreed action plans for improvements. For example, to improve queue management, the practice had introduced a revised ticketing system at reception in response to complaints about waiting times when attending the surgery.

Are services well-led?

Good 

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

- The practice also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was committed to continuous learning and improvement at all levels within the practice. The practice team was part of local schemes to improve outcomes for patients in the area. For example, the practice participated in an enhanced service scheme on remote care monitoring to enable patients with long term conditions to be better supported to monitor their health and potentially improve the management of their condition.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who use services were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment reference checks are carried out and recorded prior to a staff member taking up post. Regulation 19 (1)(a), (2)(a) and 3(a) |
| Family planning services | |
| Maternity and midwifery services | |
| Surgical procedures | |
| Treatment of disease, disorder or injury | |