Dr Usman Akbar

Quality Report

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Date of inspection visit: 19 July 2016
Date of publication: 17/08/2016

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Usman Akbar also known as The Family Practice on 19 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice worked closely with two other practices in the area and outcomes and learning from complaints and significant events were shared appropriately between the practices at joint team meetings.
- We saw evidence of "competition" between three collaborating practices which helped incentivise staff to ensure that patient needs were prioritised for example; we saw that flu vaccination targets were met.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw that development and learning was prioritised by the practice and staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment during consultations with their GP. Satisfaction rates for consultations with nursing staff was lower than the national average but comparable to other practices in the area.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with on the day said it was difficult to make an appointment with their preferred GP. Urgent appointments were available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the practice shared with us that they faced a number of challenges with the building.
- There was a clear leadership structure and staff felt supported by management. Staff told us that they would feel confident to raise any concerns with the lead GP or practice manager.
- The practice sought feedback from patients and the Patient Participation Group (PPG), which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

The practice offered a level two diabetes clinic where patients could be commenced on insulin therapy without having to attend the hospital. (Insulin is a drug used for diabetics which keeps blood sugar levels from getting too high or too low). This combined clinic could offer a multi-disciplinary service, including the input of a specialist dietician, a podiatrist and the lead GP who had specialist knowledge in this area. By offering these services closer to the patients' home the practice could also reduce the burden on hospital services. In an area of high deprivation where travel costs could be prohibitive for some patients, services were planned to meet patient needs.

Patients at the practice could be difficult to engage due to their cultural diversity and understanding of health services. However, the percentage of women who had undergone a cervical screening test was 88% which was higher than the Clinical Commissioning Group (CCG) average of 77% and the national average of 82%. Patients would be contacted by the nurse who would explain the importance of this test in a culturally sensitive manner and in the patients' own language where appropriate.

The areas where the provider should make improvements are:

The service should continue to review the access to appointments and review the necessity of making changes to the telephone systems.

The practice should continue to review the results of patient satisfaction surveys in order to meet the needs of the patient population in the future taking into account improvements to the accessibility of services and clinicians.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Learning was widely shared with the staff team and across the collaborating BD8 group of practices. (BD8 refers to the postcode). Staff we spoke with were aware of and knowledgeable regarding incidents and outcomes. We saw that action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. We saw evidence that the practice would meet with patients to address any concerns. 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. We saw evidence of multidisciplinary discussions at team meetings, where vulnerable children, adults and families were discussed.
- Risks to patients were assessed and well managed.
- The BD8 collaboration enabled the practice to maintain appropriate staffing levels and adopt a flexible approach to meeting patients' needs. During a recent power failure the practice was able to use their links to other surgeries and clinicians to ensure continuity of care for their patients.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Results showed that rates for breast and cervical screening were above CCG and national averages. There were clear arrangements in place to recall patients for reviews and follow up appointments.
- Staff assessed needs and delivered care in line with current evidence based guidance, we saw evidence that guidelines were followed and shared with the staff team.
- The practice participated in CCG initiatives such as Bradford Beating Diabetes and could offer specialist support to patients requiring help with insulin management. This reduced the need for patients to attend the local hospital.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice held joint protected learning afternoons every three months, where meetings, discussions and training would take place. Staff were encouraged to remain up to date with their training and attend additional learning and development events which would improve patient care.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked effectively and collaboratively with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice continued to attempt to reduce the number of patients who did not attend for appointments by ringing patients the day before their appointment to remind them of their consultation. They would also send an SMS text message on the day.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with averages for the CCG for providing caring services, but rates were below national averages. For example, patients said nursing staff did not always treat them with care and concern or involve them in decisions about their care and treatment. However, patients told us that they were treated with care and concern by the GP and that they would recommend the practice to someone who had just moved to the local area.
- Patients said they were treated with compassion, dignity and respect and their privacy was maintained during consultations.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. In recognition of religious and cultural observances, the GP would respond quickly, in order to provide the necessary death certification to enable prompt burial in line with families' wishes. Where patients were nearing the end of life, the GP would give the family their personal mobile number so that they could be contacted quickly.
- Information for patients about the services available was easy to understand and accessible. We saw evidence that new patient leaflets were available in numerous different languages and staff responded to patients in their preferred language where possible.

Summary of findings

- We were told that the multi-lingual Health Care Assistant (HCA) would conduct visits to newly registered Eastern European families to explain the benefits of attending review appointments, health assessments and childhood immunisations.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice liaised closely with the CCG and took part in CCG initiatives such as the Bradford Beating Diabetes programme.
- Patients said they did not always find it easy to make an appointment with a named GP but urgent appointments were available the same day.
- The practice held an extended hours clinic on a Monday until 7.30pm. Patients could also be seen at the two other collaborating practices until 7.30pm on a Tuesday and a Wednesday.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice website could be translated into 80 different languages, including those relevant to the patient population.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice held a healthy living event attended by multiple voluntary and care organisations following suggestions made by the PPG. This was evaluated as very successful by the patients who attended.
- A PPG member told us that the practice were excellent at making timely referrals to secondary care. We were also told that for patients who struggled to understand referral letters, the practice would help them to choose where their treatment was undertaken and arrange this.
- Information about how to complain was easy to understand and evidence showed the practice responded quickly to issues raised. We did not observe any displayed information informing patients how to make a complaint. However, the practice told

us of high levels of deprivation and low levels of literacy within the population. In response to patient complaints we saw evidence that the practice would document the complaint and meet personally with the patient to resolve any issues.
- Learning from complaints was shared with other practices, staff and stakeholders.
- We were told that young children would always be seen on the day regardless of whether appointments were available or not.
- The practice had identified numerous issues with the building including malfunctioning doors and inappropriate heating. We saw email evidence that the practice manager reported these issues regularly and attempted to have them resolved. The practice had taken legal advice regarding the environmental issues.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver patient focused high quality care. Staff were clear about the priorities of the practice and this was discussed and reviewed in meetings.
- There was a clear leadership structure and staff felt supported to develop and improve their skills by the GP and practice manager. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and patients from the BD8 group held regular joint meetings which were attended by GPs.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered urgent appointments for those with enhanced needs.
- The practice offered home visits for older people and this was supported by a home visits protocol.
- Flu vaccinations were offered to older patients in their own homes by the practice nurse. The uptake for vaccinations in patients over 65 years old was 87%.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nursing staff were encouraged to develop competencies and skills to lead in the management of long term conditions.
- Patients diagnosed with diabetes were offered longer, 40 minute appointments, so that they could discuss every aspect of their condition.
- The practice offered a level two diabetes clinic where patients could be commenced on insulin therapy without having to attend the hospital. This innovative combined clinic could offer a multi-disciplinary service, including the input of a specialist dietician, a podiatrist and a lead GP with specialist knowledge. By offering these services closer to the patients' home the practice could also reduce the burden on hospital services.
- Outcomes for diabetes related indicators were comparable to other practices. For example the percentage of patients on the register who had a flu immunisation in the preceding 12 months was 98% compared to the CCG average of 96% and the national average of 94%. For some indicator results, the practice were slightly lower than national averages.
- Patients could access Spirometry testing at the practice, this is a test of how well you can breathe and can help in the diagnosis of different lung diseases such as chronic obstructive pulmonary disease (COPD).

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Vulnerable children, young people and vulnerable family groups were discussed and reviewed in a multidisciplinary meeting every month.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Children could be seen by the nurse outside of school hours until 6pm in the evening and the premises were suitable for children and babies.
- Patients at the practice could take advantage of the pharmacy first scheme. This allows people who receive free prescriptions to go straight to their pharmacist to receive treatment without needing to visit their GP first to get a prescription.
- The percentage of women who had undergone a cervical screening test was 88% which was higher than the CCG average of 77% and the national average of 82%.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice offered joint eight week baby checks where mothers and babies could be seen at the same time.

Working age people (including those recently retired and students)

Good

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

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

Summary of findings

- The practice would contact patients by telephone the day before they were due to attend the surgery and send an SMS text message to remind them of their appointment on the day.
- Telephone consultations were available for patients who could not attend the surgery.
- The practice offered an extended hours clinic until 7.30pm on a Monday. Patients could also access a GP at the two other BD8 group surgeries until 7.30pm on a Tuesday and Wednesday.

People whose circumstances may make them vulnerable

Good

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

- The practice were aware of patients living in vulnerable circumstances including homeless people, travellers, carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, long term conditions or those who required an interpreter.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The collaboration between the three practices enabled complex and vulnerable cases to be discussed confidentially and reviewed by clinicians with additional specialist knowledge in their monthly meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Patients were able to access a benefits advisor at the surgery one morning per week.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. All the staff we spoke with on the day of inspection 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.
- High numbers of patients at the practice did not speak English as their first language and so were at risk of experiencing health inequalities. The diverse staff team were able to converse with patients in multiple languages and assist their access to health care.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- The GP patient survey showed that 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was slightly lower than the CCG and national average of 84%.
- Data showed that 100% of patients with a mental health issue had their smoking status recorded in their notes in the preceding 12 months, but only 75% of patients had an agreed and documented care plan.
- The practice nurse would opportunistically complete a short memory assessment with older patients and refer them to the GP if concerns were noted.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency when they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performance varied when compared to local and national averages. A total of 385 survey forms were distributed and 56 (15%) were returned. This represented 3% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the CCG average of 56% and the national average of 73%.
- 50% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 59% and the national average of 76%.
- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 71% and the national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 63% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards and 19 were mostly positive about the standard of care received. The doctors were described as very professional and patients said that they felt listened to and that hospital referrals were made very promptly. Four patients were unhappy with the service received from the practice and nine people commented that it was very difficult to make an appointment. Two patients said that their repeat prescription requests were not dealt with in a timely manner and medication was delayed.

We spoke with seven patients during the inspection. Six patients said they were satisfied with the care they received, they were involved in decisions about their care and they were treated with dignity and compassion. Six of the seven patients also said that they waited too long to be seen for their appointment and we observed that patients waited between ten and 35 minutes to see a clinician. The majority of patients said it was difficult to make an appointment.

We discussed concerns with the practice regarding the difficulties patients experienced with making an appointment. The practice explained that they were not the landlord for the building and had struggled to change the telephone system which was not fit for purpose. The telephone system did not allow them to answer more than one call at a time. We saw evidence that staff were available to answer calls but the system would not allow this.

The practice was in the process of changing the telephone system and had begun to arrange the infrastructure for this. We were told that the new system would allow multiple call answering, recorded messages and a dedicated clinician's number.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

The service should continue to review the access to appointments and review the necessity of making changes to the telephone systems.

The practice should continue to review the results of patient satisfaction surveys in order to meet the needs of the patient population in the future, taking into account improvements to the accessibility of services and clinicians.

Outstanding practice

We saw two areas of outstanding practice:

The practice offered a level two diabetes clinic where patients could be commenced on insulin therapy without

having to attend the hospital. (Insulin is a drug used for diabetics which keeps blood sugar levels from getting too high or too low). This combined clinic could offer a multi-disciplinary service, including the input of a specialist dietician, a podiatrist and the lead GP who had specialist knowledge in this area. By offering these services closer to the patients' home the practice could also reduce the burden on hospital services. In an area of high deprivation where travel costs could be prohibitive for some patients, services were planned to meet patient needs.

Patients at the practice could be difficult to engage due to their cultural diversity and understanding of health services. However, the percentage of women who had undergone a cervical screening test was 88% which was higher than the Clinical Commissioning Group (CCG) average of 77% and the national average of 82%. Patients would be contacted by the nurse who would explain the importance of this test in a culturally sensitive manner and in the patients' own language where appropriate.

Dr Usman Akbar

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 an Expert by Experience.

Background to Dr Usman Akbar

Dr Usman Akbar is also known as The Family Practice and provides services for 1,994 patients. The surgery is situated within the Bradford City Clinical Commissioning group and is registered with Care Quality Commission (CQC) to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Dr Usman Akbar is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services. They offer a range of enhanced services such as childhood immunisations, improving patient access on line and enhanced services for patients with a learning disability.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area. There are fewer patients aged over 45 than the national average. The National General Practice Profile states that 72% of the practice population is from an Asian background with a further 8% of the population originating from black, mixed or non-white ethnic groups. The practice has also identified that they have a growing number of patients who are from an Eastern European background.

Dr Usman Akbar works in close collaboration with two other GP practices in the local area and have formed a group called the BD8 Group of surgeries (BD8 refers to the practice postcode). The group employ and utilise staffing flexibly, hold joint clinical, staff and PPG meetings and discussed with us the possibility of a merger in the future.

The registered provider at the practice is Dr Usman Akbar. Clinical sessions at the practice are covered by long term locum GPs one of whom is female and offers two sessions per week. The practice also has a part time practice nurse and is in the process of recruiting an advanced nurse practitioner. Additional clinics are also supported by other nursing staff who work across all three sites. There is one part time male health care assistant.

The clinical team is supported by a practice manager and a team of administrative staff. The practice also benefits from the services of a pharmacist and a data quality lead for four hours per week.

The characteristics of the staff team are reflective of the population it serves and they are able to converse in several languages including those widely used by the patients, Urdu, Punjabi, English and a number of eastern European languages.

The practice catchment area is classed as being within one of the most deprived areas in England. People living in more deprived areas tend to have a greater need for health services. The practice discussed with us a high birth rate in their population and high rates of illiteracy.

Dr Usman Akbar is situated within a purpose built building with car parking available. It has disabled access and facilities.

The reception is open from 8.00am until 7.30pm on a Monday and from 8.00am until 6.30pm Tuesday to Friday. Appointments are available from 8.30am to 7.30pm on a Monday. Appointments are available from 8.30am on a

Detailed findings

Tuesday, 9.00am on a Wednesday and Friday and 9.30am on Thursdays: on these days the surgery closes at 6.30pm. An extended hours clinic is offered until 7.30pm on a Monday but patients can also access a GP until 7.30pm on a Tuesday and a Wednesday at the other BD8 group sites.

When the surgery is closed patients can access the Pharmacy First minor ailments scheme or the Local care direct walk in centre at Hillside Bridge Health centre. Patients are also advised of the NHS 111 service for non –urgent medical advice.

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.

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 including Bradford City CCG and NHS England. We carried out an announced visit on 19 July 2016. During our visit we:

- Spoke with a range of staff including the lead GP, a locum GP, the practice manager, a practice nurse, the HCA, pharmacist and admin staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for and treated in the reception area.
- Reviewed templates and information the practice used to deliver patient care and treatment plans.
- Reviewed comment cards where patients shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were invited to meetings with the practice manager. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. There was a focus on shared learning within the practice and any lessons learned were discussed with the staff team and members of the BD8 group.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a prescribing error it was agreed that a specific medication would no longer be available as a repeat medication to allow for appropriate review by a clinician.

Overview of safety systems and processes

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

- Staff could clearly demonstrate and explain their role in safeguarding vulnerable children and adults from abuse. All staff had received training relevant to their role and we saw that GPs had also attended Prevent training and training relating to female genital mutilation (FGM). Prevent is part of the Government counter-terrorism strategy. It is designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.
- Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The policies reflected relevant legislation and local requirements. The provider was the lead member of staff for safeguarding. The practice discussed safeguarding concerns each month in a multidisciplinary meeting. GPs were trained to child protection or child safeguarding level three and we saw evidence that some staff were trained to level two.
- The BD8 collaboration enabled the practice to maintain appropriate staffing levels and adopt a flexible approach to meeting patients' needs. During a recent power failure the practice was able to use their links to other surgeries and clinicians to ensure continuity of care for their patients.
- A notice in the waiting room and in clinic rooms advised patients that chaperones were available if required. Patients told us that they were aware of this service. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nursing team managed infection prevention and control (IPC) and liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. It was not clear who was leading in the area of IPC on the day of our visit. We saw an IPC audit and were told these were undertaken every three months. We saw that the practice struggled to maintain supplies of alcohol hand gel for their patients as these regularly went missing from public areas.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We suggested that the practice introduce cold chain audits. Processes were in place for handling repeat prescriptions which included the review of high risk

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Prescription pads were removed from clinic rooms and locked away each evening. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber and had a good understanding of these.

- We reviewed two recently recruited; personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control and legionella (legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were also employed to work flexibly across the three BD8 group sites and told us that this allowed them to cover for sickness, busy periods and annual leave. Nursing staff told us they had enough time to see patients and to cover for each other. We were told that the lead GP would hold additional clinics when needed.

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. A further emergency call system was available which also alerted staff to the area where the issue had occurred.
- All staff 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 were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had been used by the staff following a power cut. Some staff kept copies of this off site and we suggested to the provider that a hard copy was retained by him.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence that guidelines were discussed in clinical meetings.
- The practice monitored that these guidelines were followed through, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available with 9% clinical 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). These figures are comparable to CCG and national averages. The practice evidenced to us that their QOF scores had continued to improve.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/ 2015 showed:

- Performance for diabetes related indicators was comparable to CCG and national averages. For example, the percentage of patients with diabetes on the register who had a flu vaccination in the preceding 12 months was 98%, compared to the CCG average of 96% and the national average of 94%.
- Overall, performance for mental health related indicators was slightly lower than CCG and national averages; data showed that the percentage of patients who were diagnosed with dementia and had their care reviewed in a face to face consultation in the preceding 12 months was 80% (CCG and national average 84%).

There was evidence of quality improvement including clinical audit.

- There were numerous audits that were completed in the last two years that had been completed by the pharmacist. We reviewed two completed audits where the improvements made were implemented and monitored. The GP specialist adviser commented that the audits were safety focussed and although they did show forward planning, they did not evidence quality improvement. We saw that outcomes from audits included inviting patients to return for reviews.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse we spoke to described a comprehensive mentor and support package. She discussed access to training and updates including training in diabetes and sample taking, which allowed her to enhance her skills.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and attending learning events. Training undertaken had also included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings, one to one discussions and reviews of practice development needs. Staff confirmed that they had access to appropriate training to meet their learning needs and to cover the scope of

Good

Are services effective?

(for example, treatment is effective)

their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. When a patient with a learning disability was found not to have the ability to consent to a required blood test, the practitioner completed the necessary Department of Health forms and referred the patient to local learning disability services for support.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered additional support and information to those requiring intimate screening procedures and uptake results reflected this.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- A benefits advisor was available one morning per week.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 77% and the national average of 82%. The practice had been commended by the CCG for their uptake of cervical screening. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice nurse would also ring patients to explain why the procedure was important and to encourage patients to attend. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for all patients they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast screening rates were also noted to be high when compared to the CCG average. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 71% to 100% and five year olds from 91% to 100%. Data showed that at 12 months old 100% of children had received the appropriate vaccinations.

Good

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had a clear recall system to ensure that patients were invited to attend reviews.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. On the day of our visit some patients that we spoke with expressed concerns that their conversations at the reception desk could be overheard.

Of the 23 patient Care Quality Commission comment cards we received 19 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and treated them with dignity and respect.

We were unable to speak to any members of the patient participation group (PPG) on the day of our visit. However one member of the PPG wrote to the lead inspector. The PPG member wrote that the practice was committed to delivering the best quality care and that the team was friendly and supportive and listened to patients.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly rated slightly lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG average. The national average is 85%.
- 71% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 79% national average of 91%.
- 71% of patients said they found the receptionists at the practice helpful compared to the CCG average of 75% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised, two patients to whom it was applicable told us that they had been given a self-management care plan.

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

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 71% and the national average of 82%.
- However, only 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

The practice nurse who had been recruited within the last year told us that where possible, they were booking longer appointments with patients to enable them to discuss every aspect of their health and condition.

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language and that staff were also available to translate for patients. The team was reflective of the patient population.
- Information leaflets were available, a small number of leaflets were available in different languages. Several informative health promotion and educational videos were also available on the practice website.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Our expert by experience observed that most practice information was displayed in an area that patients might only access on their way into and out of their appointment and may not be observant of the information. The practice told us that they had plans to renovate a small area in a more central position to improve the visibility of information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers, (1.5% of the practice list). The practice was proactively inviting carers for health checks and a recent Health Living Event hosted by the practice at the suggestion of the PPG had included a carers resource stall. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. In recognition of religious and cultural observances, the GP would respond quickly, in order to provide the necessary death certification to enable prompt burial in line with families' wishes. Where patients were nearing the end of life, the GP would give the family their personal mobile number so that they could be contacted quickly.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had identified that the population could be at risk of blood borne viruses such as hepatitis. They had recently requested funding to allow screening for this which was unsuccessful but were hoping to commence screening in the next year.

- The practice offered an extended hours clinic on a Monday until 7.30pm for working patients who could not attend during normal opening hours. The practice told us that all patients could also be seen on a Tuesday and a Wednesday until 7.30pm at the other two practices within the BD8 group, although this was not advertised on the practice website.
- There were longer appointments available for patients with a learning disability and for those requiring long term condition reviews.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice including those with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Children were seen as a priority by the GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. On the day of our visit the self-opening doors at the entrance to the surgery were malfunctioning, but we saw evidence that the practice had reported this and other issues to the NHS landlord on numerous occasions without resolution.
- The practice was hoping to be able to relocate to other premises in the future. They described several issues with the building which they had been unable to resolve with the landlord. This included inappropriate heating and a constant buzzing from an alarm system.

Access to the service

The reception was open from 8.00am until 7.30pm on a Monday and from 8.00am until 6.30pm Tuesday to Friday. Appointments were available from 8.30am to 7.30pm on a Monday. Appointments were available from 8.30am on a Tuesday, 9.00am on a Wednesday and Friday and 9.30am on Thursdays on these days the surgery closed at 6.30pm. An extended hours clinic was offered until 7.30pm on a Monday but patients could also access a GP until 7.30pm on a Tuesday and a Wednesday at the other BD8 group sites. In addition to pre-bookable appointments could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 73%.

People told us on the day of the inspection that they were not always able to get appointments when they needed them due to issues with the telephone system. We saw evidence that the practice was trying to solve the problems with telephone access and was in the process of changing the system to meet future patient needs.

The practice had a system in place to assess:

- whether a home visit was clinically necessary and a protocol to support this.
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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. There was information available on the website and forms available from reception staff with a leaflet available. The practice told us that the majority of complaints from patients were verbal and we saw that these were documented and acted upon.

We looked at three complaints received in the last 12 months and found that these were managed in a timely manner with openness and transparency, to the satisfaction of the patients. We saw that apologies where given when necessary and that lessons were learnt from individual concerns and complaints. For example, when a patient had struggled to physically access the surgery, all staff were reminded to be vigilant for this and offer assistance.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values. Staff were able to confidently discuss the priorities of the practice and their role in good customer service.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had firm plans to improve patient access and liaised with stakeholders regularly to ensure that services continued to meet the needs of the practice population.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. On occasion, staff would move between the three sites of the BD8 group practices. The staff we spoke to were happy and confident in their ability to do so.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, there was a clear recall procedure for patients that was continually reviewed.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the lead GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP, supporting GPs and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. Patients were also contacted by the practice manager and 1:1 meetings arranged if required.

The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. These meetings also offered additional learning opportunities for staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff members were offered bonuses when targets were met and we were told that the team often went out for meals together.
- Staff said they felt respected, valued and supported, particularly by the managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, changes were being made to the telephone systems, staff had identified to managers that the current system was failing to meet patient needs.

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, through patient surveys and the PPG. The practice had also held a "Healthy Living Event". Following this event, meeting notes evidenced that more patients attended the PPG meeting than previously.

Are services well-led?

Good

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG told us that changes had been made to the lighting outside the building when patients had identified the car park was very dark during the winter. The Healthy living event was also arranged following a suggestion from the PPG and the BD8 group lead GP, gave health education talks at PPG meetings at their suggestion.
- The practice had gathered feedback from staff through discussion, staff meetings and appraisals. 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. A practice nurse told us that the managers had been very supportive when she asked for additional educational resources to change how clinics were run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The team were hoping to become part of a scheme to screen at risk patients for blood borne viruses in the near future.

The team work in a collaborative manner with two other practices in the area. There is a clear emphasis on shared learning and improvement between the practices and a possible merger was discussed with the inspection team.