

Dr Mohammad Khan

Quality Report

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Date of inspection visit: 4 August 2017
Date of publication: 29/09/2017

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mohammad Khan on 3 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures. Warning notices were also issued to the practice because we were concerned about safety and governance. The full comprehensive report on 3 November 2016 inspection can be found by selecting the 'all reports' link for Dr Mohammad Khan on our website at www.cqc.org.uk. The practice was previously rated inadequate for safe and well-led, requires improvement for responsive and effective, and good for caring.

We then carried out an announced focussed follow up inspection on the 19 June 2017 which looked at the issues identified in the warning notices and we found that improvements had been made.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 4 August 2017. We found that improvements had continued to be made. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice now had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance and there were now systems in place to keep staff up to date. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP, and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- There was now a clear leadership structure in place and staff felt supported by management. Improvements had been made to governance arrangements.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should continue to review best practice guidelines.

- All staff should be aware of the emergency call button within the clinical system.
- The practice should consider having a clinical lead for infection control within the practice.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. Patient Group Directions (PGDs) were now in place and kept up to date.
- The practice now had formalised procedures in place for repeat prescriptions and medication reviews. We also seen evidence that the practice was carrying out regular medicine audits.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had good arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were generally in line compared to the CCG and national average.
- Staff were now aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the examples we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice now documented all verbal complaints.

Good



Are services well-led?

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

- The practice now had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and there was now a practice manager in place. Staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. The practice involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- There was a system to recall patients for 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.

Good



Summary of findings

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications. The practice had access to a children's unit which was known as The Salford Children's Community Partnership. This was a service that allowed parents to take sick children that presented with acute symptoms to the practice for treatment and advice.

Good



Working age people (including those recently retired and students)

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care; for example, there were extended opening hours and Saturday appointments.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the Clinical Commissioning Group (CCG) average of 84% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their records in the preceding 12 months was 11% which was significantly below the CCG average of 84% and the national average of 84%. We reviewed the most up to date data for this indicator on the practices clinical system, and found that significant improvements had been made since the 2015/2016 data was published. This indicator was now at 95%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing generally above local and national averages. 361 survey forms were distributed and 93 were returned. This represented 5% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 97% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

- 73% 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 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Patients said they liked the online booking system and that felt the staff were caring and compassionate.

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

Areas for improvement

Action the service SHOULD take to improve

- The practice should continue to review best practice guidelines.
- All staff should be aware of the emergency call button within the clinical system.
- The practice should consider having a clinical lead for infection control within the practice.

Dr Mohammad Khan

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.

Background to Dr Mohammad Khan

Dr Mohammad Khan practice, also known as Manchester Road East Medical Centre, is located in the Little Hulton area of Salford. The address of the practice is 152a Manchester Road East, Little Hulton, Manchester, M38 9LQ. The practice has good parking facilities and has good public transport links with bus stops nearby.

The practice is ran by one male GP who employs a female GP for one session a week. There is also a practice nurse (female), a practice manager and a team of administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11.10am in the morning and 3pm to 5.20pm in the evening. Extended hours are offered from 7.30am on a Monday and 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.

Outside of opening hours, patients are directed to the NHS 111 for advice and to access the out of hours service.

The practice is in a deprived area of Salford (scores one on the multiple deprivation decile) and has approximately 2000 patients and operates under a personal medical services (PMS) contract. It is part of NHS Salford Clinical Commissioning Group. The age group of the patients at the

practice is similar to that of the national average but with a slightly higher than average amount of younger people. The life expectancy of patients at the practice is slightly lower than the England average. The practice population are mostly white British and under the age of 45.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Mohammad Khan on 3 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated inadequate for providing safe services and well-led services. The overall rating for the practice was inadequate and the practice was placed into special measures for a period of six months.

A focussed follow up inspection was then carried out on 19 June 2017 to look at the areas of concern identified in the warning notice.

The full comprehensive report on the on 3 November 2017 and the focused follow up on the 19 June 2017 inspection can be found by selecting the 'all reports' link for Dr Mohammad Khan on our website at www.cqc.org.uk.

On 4 August 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 3 November 2016. This report covers our findings in relation to those requirements.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 August 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

At our previous inspection on 3 November 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of systems and processes to keep people safe were not adequate.

These arrangements had significantly improved when we undertook this inspection on 4 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system 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).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice now had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies had improved since our last inspection and they now clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. We found that the GP attended

safeguarding meetings when possible or provided reports where necessary for other agencies and when there were concerns, the practice escalated this to the relevant organisation.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. The practice nurse had achieved level two child safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. There were cleaning schedules and monitoring systems in place.
- The practice receptionist was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice and the practice had access to an infection control specialist at Salford CCG who could advise the practice on any clinical infection control issues. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. At our last inspection in November 2016 we found that the security for storing blank prescription pads was not effective. On the most recent inspection we found that blank prescription forms and pads were now securely stored and there were systems to monitor their use. Patient Group Directions had now been correctly adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. These included proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

The practice had made significant improvements since the previous inspection to ensure risks to patients were minimised. There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had good arrangements 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 but not all staff were aware how to use it.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice did not keep a copy of the plan off site and when we discussed this with the practice they informed us they would consider doing so in the future.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 3 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical staff keeping up to date with national guidance and the lack of quality improvement activity.

These arrangements had significantly improved when we undertook a follow up inspection on 4 August 2017. The practice is now rated as good for providing safe services.

Effective needs assessment

Clinicians were now aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, 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 compared with the clinical commissioning group (CCG) average of 90% and national average of 95%. The practice had 4% 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was in line with the CCG and national averages. For example The percentage of patients with diabetes, on the register, in

whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 95% compared to the CCG average of 91% and the national average of 91%.

- Performance for mental health related indicators were above the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 11% compared to the CCG average of 87% and the national average of 89%. Whilst this was significantly lower than the CCG and national average, we reviewed the most up to date data for this indicator on the practices clinical system and found that significant improvements had been made since the 2015/2016 data was published and this indicator was now at 95%. The most recent data shown to us did not include exception reporting.

There was evidence of quality improvement including clinical audit:

At the previous inspection the practice was unable to show us any clinical audits that had led to quality improvement.

At this recent inspection, we found that an audit policy was now in place which clinical staff were familiar with. The practice now had access to a pharmacist provided by the CCG who had involvement in clinical audit within the practice and could also provide support to the clinical team.

We were shown an audit timetable which set out the audits the practice would complete over the year. The practice had completed several two cycle audits within the last six months. For example we saw an audit relating to patients being prescribed nonsteroidal anti-inflammatory drugs (NSAID) which led to gastro protection treatment being initiated.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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.

Staff worked together 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. Information was shared between services, with patients' consent, using a shared care record. 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. We reviewed dementia care plans which were shared with patients and carers.

Follow up consultations took place following discharge from hospital and we saw an example of a care plan that was updated which reflected the medication needs of the patient.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 72% to 94% and five year olds from 92% to 100%.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 77% and the same as the national average of 81%.

Administration staff told us there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Recalls were done at a set time each week. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice

Are services effective? (for example, treatment is effective)

also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice referred patients with a suspected cancer diagnosis but the recommended guidelines within the templates were not always followed.

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

Are services caring?

Our findings

At our previous inspection on 3 November 2016, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 46 patient Care Quality Commission comment cards which were all positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with others for its satisfaction scores on consultations with GPs and generally above average for satisfaction scores with nurses. For example:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 92%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.

Are services caring?

- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 3 November 2016, we rated the practice as requires improvement for providing responsive services as there were limited arrangements for documenting all complaints.

These arrangements had significantly improved when we undertook a follow up inspection on 4 August 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday and Thursday morning from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11.10am in the morning and 3pm to 5.20pm in the evening. Extended hours were offered from 7.30am on a Monday and 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.

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

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 71%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 78% and the national average of 81%.
- 97% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 86% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

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

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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

Listening and learning from concerns and complaints

Access to the service

Are services responsive to people's needs? (for example, to feedback?)

The practice had made improvements since the last inspection to their system for handling complaints and concerns.

- 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.
- Verbal complaints were now documented and discussed in team meetings.

- We saw that information was available to help patients understand the complaints system and complaints forms were available in the reception area.

Since the last inspection the practice had made improvements to their complaints procedure to now ensure any verbal complaints were documented. The practice had not received any written complaints in the last 12 months but we saw that verbal complaints were documented and learning was discussed at team meetings. The practice also regularly reviewed feedback left on the NHS choices website.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 3 November 2016, we rated the practice as inadequate for providing well-led services as the arrangements in respect of the lack of governance and leadership. The practice also lacked a clear vision and strategy.

These arrangements had significantly improved when we undertook a follow up inspection on 4 August 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

After the previous inspection the practice produced an action plan to set out how they would make the required improvements and the practice had a clear vision on how to achieve this. Strategies had been put in place following the previous inspection and they had sought assistance from outside organisations when putting these plans in place. The practice was now able to demonstrate they were delivering high quality care and promoting good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At our previous inspection in November 2016 we found that the practice was lacking governance arrangements. We found on this inspection that improvements had been made to ensure the delivery of the practice's strategy and good quality care.

- A practice manager was now in place who was responsible for the day to day running of the practice and had also assisted in implementing the improvements from the action plan.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as managing QOF.
- Practice specific policies were implemented and were available to all staff. Since the last inspection, these had become more embedded.

- The practice had started to complete clinical audits and planned to continue so improvements could be evidenced.
- A better understanding of the performance of the practice was now maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- There were now appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Risk assessments were now in place for the practice.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.

Leadership and culture

The lead GP and practice manager were visible in the practice and staff told us they were approachable and took the time to listen to all members of staff; the practice manager told us they had an 'open door policy' if staff ever had an issues. Practice staff told us that there was a more positive culture within the practice and staff felt optimistic about the future.

The provider was aware of and had systems 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and we saw meeting minutes to confirm this. Staff told us that communication within the practice had improved and that they felt more involved.

Are services well-led?

Good 

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

- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the leaders in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought 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 suggested a hand sanitiser be placed in the waiting area which the practice implemented.

- 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

Following the previous inspection the practice put a plan in place to address the areas of concern identified. We saw that this plan had been regularly updated and they had sought outside help when looking at how improvements would be made.

To date, the practice had focussed on the areas where urgent action was required and we saw that improvements had been made in all the key areas. The practice wanted to ensure the improvements were sustained and also built on.

The practice also had plans in place to move into a new purpose built building within the next two years.