

Dr Mohua Chowdhury

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



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 Mohua Chowdhury (also known as The Chowdhury Practice) on 5 August 2016. Overall the practice is rated as requires improvement.

The practice had previously been inspected on 19 November 2015. Following this inspection the practice was rated as inadequate with the following domain ratings:

Safe – Inadequate

Effective – Inadequate

Caring – Requires improvement

Responsive – Requires improvement

Well-led – Inadequate.

The practice was placed in special measures.

Following this inspection on 5 August 2016 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff received adequate supervision and action was not always taken in a timely manner when staff performance issues were identified.
- Patients commented they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from the GP patient survey was less positive.
- 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.

Summary of findings

- Most 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- The provider must ensure appropriate recruitment checks are carried out for all new staff.
- The provider must ensure all staff receive appropriate support to carry out their role.
- When performance issues are identified the provider must ensure appropriate action is taken.

In addition the provider should:

- The provider should calibrate equipment in doctors' bags.
- The provider should monitor patient outcomes and health screening data and have plans to improve these. The provider should also improve quality improvement activity as a way to drive improvement.
- The provider should explore ways of engaging with their patients in order for them to contribute to improvement
- The provider should improve their system for identifying carers so appropriate support can be offered.
- The provider should monitor the patient survey results and have plans in place to make improvements.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service. The practice will be inspected again in the next 12 months.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- Risks to patients, with the exception of recruitment checks, were assessed and well managed.
- Not all the required checks were completed prior to new staff being employed.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the most recently published Quality and Outcomes Framework (QOF) showed patient outcomes were below the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was some evidence that audit had driven improvement in patient outcomes relating to diabetes.
- Current staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, scores had increased from previous years and comments from patients showed the practice to be caring.
- The practice had identified a low number of patients who were carers.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and 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.

- 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. For example, a service to help diabetic patients who did not speak English as a first language had been sourced.
- Most patients said they found it easy to make an appointment with a 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver 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 staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework to support the delivery of the strategy had been put in place and was being monitored. This included monitoring by an outside organisation.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had recognised that the addition of a partner would be beneficial and they were in the process of formalising this arrangement.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for the safe, effective and caring domains. The issues identified as requiring improvement overall affected all patients including this population group. The practice offered proactive, personalised care to meet the needs of the older people in its population.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out over 75s health checks and most patients over the age of 75 had received a check.
- 82% of patients over the age of 65 had received a flu vaccination.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for the safe, effective and caring domains. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 62%. This was worse than the CCG average of 82% and the national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for the safe, effective and caring domains. The issues identified as requiring improvement overall affected all patients including this population group.

Requires improvement



Summary of findings

- There were systems in place 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 A&E attendances.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 75%, which was slightly below to the CCG average of 82% and the national average of 82%.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for the safe, effective and caring domains. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- The practice had late appointments twice a week.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for the safe, effective and caring domains. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for the safe, effective and caring domains. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Performance for mental health related indicators was 87%. This was worse than the CCG average of 92% and the national average of 93%.

Requires improvement



Summary of findings

What people who use the service say

What people who use the practice say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. 367 survey forms were distributed and 93 were returned. This was a 25% completion rate representing 1.4% of the practice's patient list.

- 40% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 70% 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 83% and the national average of 85%.

- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 54% 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 77% 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 34 comment cards and all of these contained positive comments about the standard of care received. Patients said they found the service to be excellent and they felt they were treated with dignity and respect. They said reception staff were friendly and helpful. Three patients said it could be difficult getting through on the telephone and two said access to appointments could be an issue.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure appropriate recruitment checks are carried out for all new staff. Checks to ensure clinicians have up to date registration with the appropriate professional body must take place.
- The provider must ensure all staff receive appropriate support to carry out their role.
- When performance issues are identified the provider must ensure appropriate action is taken.

Action the service **SHOULD** take to improve

- The provider should calibrate equipment in doctors' bags.

- The provider should monitor patient outcomes and health screening data and have plans to improve these. The provider should also improve quality improvement activity as a way to drive improvement.
- The provider should explore ways of engaging with their patients in order for them to contribute to improvement
- The provider should improve their system for identifying carers so appropriate support can be offered.
- The provider should monitor the patient survey results and have plans in place to make improvements.

Dr Mohua Chowdhury

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Mohua Chowdhury

Dr Mohua Chowdhury (also known as The Chowdhury Practice) is located on the first floor of a health centre in Oldham Town Centre. There are other GP practices located in the same building. The practice is fully accessible to those with mobility difficulties. There is a car park next to the building.

There is one female GP and a team of locum GPs working at the practice. There are four regular locum GPs, all male, and a male advanced nurse practitioner. There are also two practice nurses, two healthcare assistants, a practice manager and administrative and reception staff.

The practice and the telephone lines are open:

Monday and Wednesday 8am – 7.30pm

Tuesday, Thursday and Friday 8am – 6.30pm.

GP surgery times are:

Monday 9am – 7.30pm

Tuesday 9am – 5pm

Wednesday 9am – 1.30pm and 2pm – 7.30pm

Thursday 9am – 1pm and 2.30pm – 6pm

Friday 9am – 12 noon and 2pm – 6pm.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 6635 patients were registered.

The practice has a high level of patients who do not speak English as a first language; 88% of patients are Bangladeshi. The GP, locum GPs and some reception staff speak second languages, mostly Bengali. The practice is in an area of high deprivation. They have a young practice population and they have a high number of larger young families.

Average life expectancy is below the local and national averages. There is a slightly lower than average number of people with long term health conditions, and a higher number of unemployed people.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc Ltd.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 August 2016.

During our visit we:

- Spoke with a range of staff including the GP, locum GPs, the practice nurse, healthcare assistant, practice manager, and reception and administrative staff.
- Observed how patients were being spoken to at the reception desk.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed policies, procedures and other documents held by the practice.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

The inspection of November 2015 found that staff were unclear about reporting significant events and significant events were not analysed. Insufficient attention was paid to safeguarding children and vulnerable adults. Staff performing chaperone duties did not have a Disclosure and Barring Service (DBS) check in place and recruitment procedures were not sufficient. Checks were not carried out on emergency medicines. During this inspection we found that improvements had been made in these areas.

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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the referral system had been recently amended so that there was an audit trail of all referrals made.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. They attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- 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. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control 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 kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. Patient Group Directions had been adopted by the practice to allow the nurses to administer medicines in line with legislation.
- We reviewed 10 personnel files, including those for staff employed since the previous inspection. Appropriate recruitment checks had not always been carried out.

Are services safe?

Clinical staff had been employed without providing a full work history. Evidence of conduct in previous applicable roles was not always sought, and reasons for leaving previous roles not explored and recorded. Interviews were not always held prior to a clinical staff member being employed. The practice manager gave an example of one clinician not having an interview because they had previously been interviewed by a practice they were familiar with. Where required DBS checks had been carried out. We saw evidence of checks taking place to ensure clinicians were registered with the appropriate professional body.

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. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, equipment kept in doctors' bags had not been calibrated. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- A defibrillator was available on the premises. Oxygen with adult and children's masks was also available. 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 key staff.

Are services effective?

(for example, treatment is effective)

Our findings

The inspection of November 2015 found that Quality and Outcome Framework (QOF) data was below average. Knowledge and referral to national guidelines was inconsistent. There was no evidence audit was driving improvement. Training was not monitored and not all staff had completed mandatory training. During this inspection we found improvements had been made in these areas.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results, for 2014-15, were 74% of the total number of points available. This was below the clinical commissioning group (CCG) average of 93% and the national average of 95%. The exception reporting rate was 4%, which was also below the CCG average of 7% and national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice provided evidence that the QOF score for the year 2015-16 had increased in all areas, although the exception reporting had also increased.

In 2014-15 this practice had QOF outliers in some areas:

- Performance for diabetes related indicators was 62%. This was worse than the CCG average of 82% and the national average of 89%. However, we saw evidence that the largest diabetes related outlier had improved from 54% to 78% for the unpublished 2015-16 unpublished QOF results.

- Performance for mental health related indicators was 87%. This was worse than the CCG average of 92% and the national average of 93%. However, we saw evidence that one of the lower mental health related figures, the number of patients with an agreed care plan, had improved from 84% to 93% for the 2015-16 unpublished QOF results.

There had been two clinical audits cycles completed in the last two years, and these were around use of medicines. Other audits had been completed and further cycles were planned. We saw that plans were in place to improve the use of audits and reaudits dates had been decided. At the time of the inspection, other than diabetes related indicators, evidence was not available that improvements were implemented and monitored.

• 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 information about the practice prior to initial mandatory training being arranged.
- The practice had reviewed how they trained staff. The practice manager demonstrated how they monitored staff training and we saw evidence of the training provided since the previous inspection. The practice had arranged face to face training for staff and on line training was also available. Mandatory training, such as fire training and safeguarding, was up to date for the majority of staff.
- Clinical staff had additional training. A new practice nurse had been employed during 2016 and they attended regular training courses. The existing practice nurse acted as a mentor and they told us they were very well supported in their new role, with their training needs regularly being assessed.
- The learning needs of staff were usually 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. Some appraisals were not up to date,

Are services effective?

(for example, treatment is effective)

but all the staff we spoke with told us they felt supported at work and they could approach the GP or practice manager if they had any issues. The few appraisals that were not up to date had been booked in.

- Some performance issue had been identified for one administrative staff member. We saw that these had not been addressed by the practice and had not been documented in appraisals.

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. 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.

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. 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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 75%, which was slightly below to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test, and letters were also sent. A high number of the practice's patients spoke Bangla, and staff were available who spoke this language to make communication with patients easier.

Childhood immunisation rates for the vaccinations given were below the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 70% and five year olds from 55% to 74%. The practice was aware of their lower rates for screening and childhood immunisations. In the past few months they had prioritised making the essential improvements required following the previous inspection but planned to look at increasing these figures.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients. The practice invited patients between the ages of 35 and 74 for an NHS health check. This was five years before the national age of 40, and the practice said this was due to the patient population who may benefit from earlier checks. 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

The inspection of November 2015 found that the national patient survey results were below average. Although we saw the most recent results were still below average scores in all areas had improved.

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.
- Vulnerable patients were given a direct telephone number so they could speak with the practice manager. The practice manager arranged help for patients to complete various forms if they struggled due to literacy issues.
- Where patients had to attend appointments in other locations, for example the hospital. The practice helped arrange transport. They explained that a lot of patients did not understand how to access these services and by giving this extra help it encouraged patients to attend the appointments made for them.

All of the 34 patient Care Quality Commission comment cards we received contained positive comments 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.

Results from the national GP patient survey showed patient feedback to be less positive. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 70% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 87% 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%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice told us they had acknowledged this and felt this was due to a low response rate and a lot of their patients being illiterate in their own language. They were dealing with the lower scores, concerning access, and planned to look at ways to improve the other scores. However, all the above scores, from July 2016, had improved since the previous GP survey results had been published in January 2016, with one indicator by over 10%.

Care planning and involvement in decisions about care and treatment

Patients' feedback was that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 80% 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%.

These scores had improved since the previous GP survey results had been published in January 2016.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Most staff were also bi-lingual, speaking Bangla which a high percentage of patients spoke.

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 available was also available on the practice website.

The practice told us they had started to record when a patient was a carer but this was not yet up to date. They had identified approximately 30 patients as carers which was 0.45% of the practice population. The practice told us they were liaising with social services to help get their list up to date. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement a card was sent to them. It was also normal practice for the GP to telephone or visit recently bereaved patients to offer support. Counselling, including bereavement counselling, was available in the local area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The inspection of November 2015 found that access to GP appointments was difficult. The complaints procedure was not adequate. During this inspection we found improvements had been made in these areas.

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 appointments until 7.30pm twice a week.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice telephoned the parents of babies and children the day before their childhood immunisations were booked to reduce the number of non-attenders.
- The practice had sourced a scheme to help diabetic patients who did not speak English as a first language. This was due to the high number of patients not attending diabetic checks. The practice manager had attended the first meeting that had been arranged so they could support the patients from the practice who attended. This was in the early stages but initial feedback was positive.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 7.30pm Monday and Wednesday, and between 8am and 6.30pm Tuesday, Thursday and Friday. Surgery times are:

Monday 9am – 7.30pm

Tuesday 9am – 5pm

Wednesday 9am – 1.30pm and 2pm – 7.30pm

Thursday 9am – 1pm and 2.30pm – 6pm

Friday 9am – 12 noon and 2pm – 6pm.

In addition to 20% of appointments being pre-bookable up to six weeks in advance, 80% were for urgent issues bookable on the day. When we checked the appointment system late morning during our inspection we saw that emergency appointments were available that day and pre-bookable appointments were available in seven working days' time.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 40% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%. Whilst 40% of people said this the practice had already identified this as an issue and had plans to put a short survey in place to evaluate the changes within 6 months or words to that effect

The practice was looking at these lower performing areas and had made changes. An extra telephone line had been put in and was staffed during peak periods. Extra GP appointments had also been added. Although the latest results were below average patient satisfaction had increased since the previous results had been published in January 2016. A formal action plan was in place to monitor the situation and ensure improvements continued.

Most patient feedback received during the inspection was that appointments were available when needed. The GP always added extra appointments on to their surgery if a patient needed to be seen and children under the age of five were always seen on the day the appointment request was made.

The practice had a system in place to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

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.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. Complaints leaflets were only available in English and the practice manager explained this was due to a high number of their patients who did not speak English as a first language being illiterate in their own language. Bi-lingual staff were available to explain the process to patients.

We looked at the complaints that had been received since the previous inspection. These had been dealt with appropriately and in a timely way, and patients were informed how they could escalate their complaint if they were unhappy with how it had been dealt with. Verbal complaints were recorded and investigated. Complaints were discussed in meetings lessons could be learnt.

Are services well-led?

Good 

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

Our findings

The inspection of November 2015 found that staff roles were not clearly defined. Not all staff were aware of their responsibilities in relation to the mission statement. Policies and procedures were not adequate. The practice did not seek the views of their patients. During this inspection we found improvements had been made in all these areas.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. 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 had a mission statement which was available on the practice leaflet and on the website. The staff we spoke with were aware of this and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice was aware of the areas where performance was below average and they had a plan to make improvements, starting with the most urgent issues.
- The practice had started to complete clinical audits and planned to continue so improvements could be evidenced.
- 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 demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP and manager were approachable and always took the time to listen to 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 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
- 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 monthly team meetings. All staff on duty attended and protected learning time was also available during the same afternoon.
- Staff told us they received updates from the practice manager if they were unable to attend a meeting, and minutes were also available. They told us they felt communication within the practice was good.
- 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 said they felt respected, valued and supported by the GP and practice manager. 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

Are services well-led?

Good 

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

The practice had tried to engage patients and invited interested patients to a patient participation group (PPG) meeting. However, despite them giving telephone reminders no-one attended. They were now looking at different ways to engage patients. A short questionnaire had been devised looking at the three lowest scores on the GP patient survey. There would be a section for patients to include their ideas or opinions. This would be given out at the reception desk. The GP told us they would evaluate the success of the questionnaire then decide how to go forward collecting patient feedback.

The practice evaluated feedback from the NHS Friends and Family Test and they also evaluated the national GP survey. We saw action plans were in place and regularly updated following discussion regarding these surveys. The practice was also in the process of starting a newsletter for patients which they hoped to update quarterly.

Continuous improvement

Following the previous inspection the practice put a plan in place to address the areas of concern identified. We saw 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 was looking at how to sustain and build on these improvements and they were also looking now at other areas where they wanted to make positive changes.

Plans were in place for the practice to become a partnership and one of the locum GPs was in the process of becoming a partner. The GP told us they recognised this would be beneficial for the practice as a whole and would play a key part in continuing to make the improvements that were required.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure all staff received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

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

The registered person did not ensure all staff employed for the purpose of carrying out the regulated activity were of good character. They did not ensure all information specified in Schedule 3 was available.

This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.