Drs Akhter & Jabeen

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	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 Drs Akhter & Jabeen on 26 January 2016. Overall the practice is rated as good.

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

- The GP practice is within a community centre with good facilities including disabled access, parking, baby change and feeding facilities and has access to translation services.
- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Survey information and comment cards indicated patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service; including carrying out surveys and was in the process of setting up a patient participation group (PPG) and acted, where possible, on feedback.
- There was a new practice manager in post who had begun to implement changes. Staff worked well together as a team and all felt supported to carry out their roles.

However the practice should:

- Ensure all members of staff know where the business contingency plans, first aid kits and accident book are located.
- Complete a formal risk assessment for the need for a defibrillator.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were systems, processes and practices in place that were essential to keep patients safe including medicines management and safeguarding.

Are services effective?

Good

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams and there were systems in place to ensure information was appropriately shared. Staff had received training relevant to their roles.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. 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.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice proactively sought feedback from staff and patients and had just set up a patient participation group. Staff had received inductions and attended staff meetings and events. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

People with long term conditions

Good

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. 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.

Families, children and young people

Good

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. 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.

Working age people (including those recently retired and students)

Good

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, earlier appointments with the practice nurse.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically. The practice worked with local mental health teams.

Good

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 (from 106 responses which is approximately equivalent to 2% of the patient list) showed the practice was performing below local and national averages in certain aspects of service delivery. For example,

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 69% of respondents were satisfied with the surgery opening hours (CCG average 79%, national average 75%).

However, 67% of patients with a preferred GP usually got to see or speak to that GP which is higher than the local average of 58% and national average of 59%.

In terms of overall experience, results were comparable with local and national averages. For example,

- 87% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

We also reviewed more recent information from the NHS Friends and Family Test which is a survey that asks patients if they would recommend the service. From October to December 2015, there were a total of 43 responses of which 36 were extremely likely or likely to recommend the service and three patients said they were unlikely to recommend the service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards all of which were positive about the standards of care received but four outlined difficulty in getting an appointment.

Drs Akhter & Jabeen

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Drs Akhter & Jabeen

Drs Akhter & Jabeen is situated in a modern community health center. There were 4281 patients on the practice register at the time of our inspection.

The practice is managed by three GP partners. There is one practice nurse. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

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

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

How we carried out this inspection

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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.

Detailed findings

- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 26 January 2016.
- Spoke to staff.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. 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 practice carried out a thorough analysis of the significant events. Outcomes and any actions necessary to prevent reoccurrence were then cascaded to the relevant staff.

The practice held meetings to discuss all significant events to identify any trends. The practice shared lessons as a result of significant event analysis with other stakeholders when necessary.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding who attended safeguarding meetings with the health visitor and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- 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 was clean and tidy. Cleaning was carried out by an external company and there were cleaning schedules in place for the whole building. Both the practice nurse and practice manager regularly checked standards of cleanliness but there was no formal arrangement in place. The practice manager advised us this would be implemented. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and had taken any actions to be compliant. For example, completion of labels on sharps boxes. Appropriate clinical waste disposal arrangements were in place and spillage kits were available.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Emergency medication in GP bags was checked for expiry dates. Emergency medication in the treatment room was in date but there was an element of confusion as to whose role this was and the practice manager advised us this would be revisited.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in a staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and fire safety equipment checks. The practice manager was a fire marshal for the practice.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control, control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Good

Are services safe?

- 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 that 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 but some improvements were needed.

- All clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen but no defibrillator. The practice manager told us there was a meeting arranged with the building manager to consider purchasing this for the centre but there was no formal risk assessment in place for how the practice would deal with a medical emergency. A first aid kit and accident book was available but some staff did not know where this was located.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, staff were not aware of where a hard copy of this was kept.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available and the practice was not an outlier for any patient outcomes. The practice manager had implemented a system whereby QOF was looked at on a monthly basis and patients with long term conditions were reviewed by the practice nurse. Performance for mental health care and diabetes management was comparable to national averages.

The practice carried out a variety of medication and clinical audits that demonstrated quality improvement. For example, a two cycle audit for prescribing metformin (used for diabetic patients) in accordance with current guidelines demonstrated an improvement in patient outcomes. Clinical audits for diagnosis of dementia and diagnosis of depression were also seen.

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. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Training included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules.
- There had been a recent high turnover of staff including the appointment of a new practice manager. The practice manager advised us that a system of appraisals would be in place after their probationary period.

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 services 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.

Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant

Good

Are services effective?

(for example, treatment is effective)

service. Other services were available to the practice including phlebotomy clinics and there were visiting health trainers and counsellors. The practice also liaised with the local mental health teams. The practice carried out vaccinations and screening and performance rates were in line with local and/or national averages for example, results from 2013-2014 showed:

- Childhood immunisation rates for the vaccinations given to two year olds and under ranged from 90% to 97% compared with CCG averages of 83% to 97%. Vaccination rates for five year olds ranged from 95% to 100% compared with local CCG averages of 89% to 97%. Community immunisation teams had previously carried out immunisations for patients at the practice but the practice nurse had taken over this role in July 2015. The practice nurse had received training and appropriate authorisation to carry out this role.
- The percentage of patients aged 65 and older who had received a seasonal flu vaccination was 75% compared to a national average of 73%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 77% compared to a national average of 82%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey published in July 2015 (from 106 responses which is approximately equivalent to 2% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 90%, national average 87%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. 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, their usual GP contacted them to discuss the family's needs.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were translation services available.
- There was disabled access and facilities.
- There were baby changing and feeding facilities.

Access to the service

The practice is open 8am to 6.30pm every weekday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service, provided by Urgent Care 24 by calling 111.

Results from the national GP patient survey published in July 2015 (from 106 responses which is approximately equivalent to 2% of the patient list) showed that patient's satisfaction with how they could access care and treatment was much lower than local and national averages. For example:

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 64% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).

However, 67% of patients with a preferred GP usually got to see or speak to that GP which is higher than the local average of 58% and national average of 59%.

The practice manager had recognised that patients had difficulties in accessing appointments and had altered systems in place by introducing further staff to take telephone calls.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and who the patient should contact if they were unhappy with the outcome of their complaint.

We saw evidence that both written and verbal complaints received had been dealt with appropriately, apologies issued to patients and discussed at practice meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice did not have any formalised business plans, mission statement or values. Strategy meetings were held informally between the partners. The practice aimed to provide high quality accessible care.

Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- A clear organisational structure and a staff awareness of their own and other's roles and responsibilities.
- Practice policies that all staff could access on the computer system.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: significant event meetings, clinical meetings, and administration meetings, palliative care meetings with other healthcare professionals and meetings with health visitors.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

Leadership, openness and transparency

There was a clear leadership structure in place and staff felt supported by management. The practice management actively supported the wellbeing of staff in addition to promoting career progression. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so.

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

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

- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice.
- The practice had carried out an annual survey and had responded to concerns about appointments by altering the appointment system to allow patients to either book on the day or the following day for urgent needs.
- The practice manager had managed to recruit patients to be part of a patient participation group who were due to hold their first meeting in February 2016.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice team was forward thinking and took an active role in locality meetings and CCG meetings. The practice taught medical students and actively involved them in the service. For example, medical students had helped with a presentation for information about immunisations for patients which was available in the waiting room.