

Dr George Duru

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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 George Duru on 13 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were high for the locality. Some clinical audits had been completed and we saw these had been repeated to drive improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.

- Information about services was available and the website also included relevant information.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some, such as the recruitment policy, did not contain the level of information required.
- The practice was in the process of setting up a virtual patient participation group (PPG). There was no action plan in place following the national GP patient survey although some results were lower than the local and national averages.

There were areas where improvements were required.

The areas where the provider must make improvements are:

- The provider must ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

Summary of findings

- Make arrangements for all staff to have regular supervision and appraisals.

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.

- 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 there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Appropriate recruitment checks were not always carried out. For example, evidence of identity, previous experience, and Disclosure and Barring Service (DBS) checks had not always been completed when required.

Requires improvement



Are services effective?

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

- Data showed patient outcomes usually above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Although most staff had the skills, knowledge and experience to deliver effective care and treatment the provider had no assurance that all key staff had appropriate skills and experience.
- There was evidence of appraisals and personal development plans for most staff. However not all key staff had supervision or appraisals.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice lower than others for several aspects of care. However, feedback on CQC comments cards and from patients we spoke with did not reflect these results.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and that 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 that 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 requires improvement for being well-led.

- The practice had a 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 this.
- Staff felt supported by management. The practice had a number of policies and procedures to govern activity and they held regular meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice had carried out a patient survey. However, they did not have an action plan in place to address the less positive results of the national GP patient survey.

Requires improvement



Summary of findings

- The practice was in the process of setting up a patient participation group (PPG).
- The GP had carried out appraisals for most staff, but not all key staff were supervised or appraised.
- There were no formal governance arrangements in place for one key aspect of the service. The safety and welfare of patients using this part of the service had not been fully considered.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care plans were in place for patients over the age of 75 and these were regularly reviewed as a way of avoiding unplanned hospital admissions.

Good



People with long term conditions

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

- The practice nurse had the lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The take up rate for the cervical screening programme was above the CCG and national average, and the childhood immunisation rate was comparable to the average figures.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

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 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.
- Early morning and late night appointments were available with the practice nurse and the GP, and Saturday morning appointments were at times available.
- NHS health checks were offered to patients between the ages of 40 and 74.

Good



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 practice held a register of patients with a learning disability.
- The practice had facilities for homeless patients to register with them.
- It had carried out annual health checks for people with a learning disability, but there was no evidence that these had been followed up.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most 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.
- The practice had not carried out appropriate recruitment checks to ensure vulnerable patients received safe care and treatment.

Requires improvement



Summary of findings

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).

- Patients with mental health needs were invited for an annual health check.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice had not carried out appropriate recruitment checks to ensure vulnerable patients received safe care and treatment.

Requires improvement



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2015. The results showed the practice was usually performing above local and national averages. 450 survey forms were distributed and 108 were returned.

- 89% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73%.
- 90% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 99% said the last appointment they got was convenient (CCG average 91%, national average 92%).

- 83% described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 83% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 completed comment cards which were all positive about the standard of care received. Patients commented that staff were and caring. They said they felt listened to and could easily access appointments.

We spoke with four patients during the inspection. They said they could be seen the same day in an emergency and children were always seen on the day a request was made. One patient told us they were very happy with the care given to their premature baby, and another commented about the excellent end of life care given to a relative and the on-going support their family received.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service **SHOULD** take to improve

- The provider should make arrangements for all staff to have regular supervision and appraisals.

Dr George Duru

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr George Duru

Dr George Duru (also known as The Duru 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 male GP and a part time salaried female GP. There is also a practice nurse, a trainee nurse practitioner, healthcare assistant, practice manager and administrative and reception staff. A drug counsellor and Benzodiazepine counsellor attend the practice when required.

The practice and the telephone lines are open:

Monday 8am – 7.30pm

Tuesday 8am – 8pm

Wednesday and Thursday 8am – 6.30pm

Friday 8am – 5.30pm

GP surgery times are:

Monday 8.30am – 12.30pm and 3.30pm – 7.30pm

Tuesday 8.30am – 12.30pm and 5.20pm – 8pm

Wednesday and Thursday 8.30am – 12.30pm and 3.30pm – 6.30pm

Friday 8am – 12 noon and 2.30pm – 5.40pm Monday to Friday from 8am until 6.30pm.

The practice nurse worked two days a week with appointments available from 7.30am.

The practice has a Personal Medical Service (PMS) contract with NHS England. At the time of our inspection 3640 patients were registered.

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.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 November 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including the GP, practice nurse, practice manager and reception and administrative staff.
- Spoke with four patients
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- All significant events were discussed at practice meetings and learning that was implemented was recorded.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was trained to Safeguarding level 3, and the practice nurse to level 2. Safeguarding was discussed in practice meetings.
- A notice in the waiting room and consulting rooms advising 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 check (DBS check). (DBS

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Infection control was discussed in practice meetings.
- 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 although there was no system in place to monitor their use. All the medicines we checked were appropriate and within their expiry date.
- The practice had a recruitment policy but this did not include the process to follow when recruiting new staff and did not mention what checks were appropriate during the recruitment process. We reviewed six personnel files and found that usually appropriate recruitment checks had been undertaken prior to employment. There was a low turnover of staff. Evidence of the identity of staff was kept and qualifications and the work history of new staff were usually checked. References were also usually taken prior to new staff starting work.
- Recruitment checks had not been completed for one staff member. There was no evidence of identity, work history, or information about the experience the staff member had. References had not been sought. An up to date DBS check had not been requested. The provider said they knew the staff member prior to them being employed by the practice. Previous training and qualification certificates were held at the practice. However, it was unclear whether the staff member had the appropriate qualifications or experience for the role at the time their employment commenced.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. Most of the safety checks were carried out by the building managers. These included having an up to date fire risk assessments and the carrying out of regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also held a variety of other risk assessments that had been carried out by the building managers, such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. A locum GP was employed when necessary.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training and there were emergency medicines available in the GP's room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. This was kept at the reception desk shared with other practices, and it was regularly checked. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

Arrangements to deal with emergencies and major incidents

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

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 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 91.4% of the total number of points available, with 13.2% exception reporting. Exception reporting ensures that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The practice was an outlier for some prescribing indicators. They were aware of these and we saw they were being managed to become in line with national expectations. Data from 2014-15 showed:

- Performance for diabetes related indicators was 83.7%. This was above the CCG average of 81.8% but below the national average of 89.2%.
- Performance for hypertension related indicators was 100%. This was above the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 100%. This was above the CCG average of 91.7% and the national average of 92.8%.
- Performance for dementia related indicators was 100%. This was above the CCG average of 90.4% and the national average of 94.5%.

Clinical audits demonstrated quality improvement.

- Clinical audits had been carried out and we saw evidence some had been repeated to show improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing Most staff had the skills, knowledge and experience to deliver effective care and treatment.

- New staff usually had a probationary period of 12 months. There was an induction checklist for new staff and training was arranged appropriate to each staff member's role. However, no induction or probationary information was available for one key staff member.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- One staff member was not qualified to carry out the role they performed and the provider did not have information about their previous experience.
- 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 these learning needs and to cover the scope of their work. This included appraisals, coaching and mentoring and clinical supervision. Most staff had had an appraisal from the GP within the last 12 months. However, one key staff member had not had an appraisal at the time the other staff did, even though they had been employed for over a year.
- Staff received training that included safeguarding, basic life support and information governance awareness. 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place each month for patients requiring palliative care. Their care and support was routinely reviewed and updated.

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. Training had been provided for relevant staff on 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, where appropriate, recorded the outcome of the assessment.
- When a patient with learning disabilities was invited for a review the invitation letter was followed by a telephone call to explain what would happen and promote understanding of any procedures.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service, although smoking cessation, weight management and travel health was available in the practice.
- Several other services were available in the same building as the practice. These included a sexual health service, audiology, an x-ray department, outpatient eye services, podiatry and dermatology.

The practice's uptake for the cervical screening programme was 88.9%, which was higher than the CCG and national average of 81.8%. The practice nurse promoted cytology and if it was found during a new patient check that a woman was overdue a cervical smear test they were encouraged to book an appointment. The practice nurse telephoned patients who did not attend their appointment.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72.1% to 100% and five year olds from 63% to 70.4%. Flu vaccination rates for the over 65s were 77.45%, and at risk groups 63.53%. These were above the national averages.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 33 patient CQC comment cards we received were 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 also spoke with four patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We looked at the results from the most recent national GP survey. The practice was below average for most of its satisfaction scores on consultations with doctors, but above average for questions about the practice nurse and reception staff. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 86%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 68% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85 %%).

- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 90% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. One patient described the excellent support given to their family when a relative was approaching the end of their life. Patient feedback on the comment cards we received was also positive and aligned with these views.

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:

- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).

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.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had late night appointments available twice a week, one night until 7.30pm and the other until 8pm.
- The practice nurse had appointments from 7.30am twice a week so patients could attend before they went to work.
- When it was thought to be useful, for example following a period of annual leave by the GP, Saturday morning surgeries were held. Flu clinics were also held on Saturdays.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice welcomed patients who were refugees or asylum seekers. They had a system in place to register homeless patients and there were three homeless patients registered.

Access to the service

The practice and the telephone lines were open:

Monday 8am – 7.30pm

Tuesday 8am – 8pm

Wednesday and Thursday 8am – 6.30pm

Friday 8am – 5.30pm

GP surgery times were:

Monday 8.30am – 12.30pm and 3.30pm – 7.30pm

Tuesday 8.30am – 12.30pm and 5.20pm – 8pm

Wednesday and Thursday 8.30am – 12.30pm and 3.30pm – 6.30pm

Friday 8am – 12 noon and 2.30pm – 5.40pm Monday to Friday from 8am until 6.30pm.

Patients could book appointments in advance and urgent on the day appointments were available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 89% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 83% patients described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 83% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71%, national average 65%).

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, including a leaflet and website information, was available to help patients understand the complaints system.

We looked at the only complaint received in the last 12 months. This had been satisfactorily handled in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed on their website.
- 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 usually supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The staffing structure was on the whole clear, but not all staff had been given appropriate guidance about their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were good arrangements for identifying, recording
- Most staff had a job description but this was not in place for a staff member who was recruited as they were a personal contact of the GP.
- Most staff had been appraised by the GP but this had not occurred for one staff member who the GP had personally recruited.
- The GP had not always followed safe recruitment procedures and ensured staff had the qualifications and experience required for their role.

Leadership, openness and transparency

The GP had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised

safe, high quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the GP and practice manager.

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

- The practice was in the process of setting up a virtual patient participation group (PPG). They were ensuring the patients they had were representative of the patient population prior to taking the idea forward, and they said they thought having an active group would benefit the practice and patients. The practice was advertising for additional PPG members on their website.
- It had gathered feedback from patients by a patient satisfaction survey in July 2015. They had not put an action plan in place following the results as most patients had responded positively. There was no action plan in place following the national GP patient survey published in July 2015, and these results had been less positive.
- The GP and practice manager had an open door policy. Staff said they felt well supported at work and could approach their manager if they had any problems.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the registered person did not operate robust recruitment procedures to ensure they only employed fit and proper staff. This was in breach of regulation 19(1)(a)(b)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>Relevant information was not kept for all staff and not all pre-employment checks had been carried out.</p> <p>Regulation 19(1)(a)(b)(2)(3)(a)</p>