

Dr Abdul-Razaq Abdullah

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?

Good



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 Abdullah on 4 August 2016. Overall the practice is rated as requires improvement.

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

- Staff were not formally appraised to identify their training and development needs.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Exception reporting at the practice was much higher than the local and national averages.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.

- The majority of patients said they were treated with compassion, dignity and respect. However not all felt supported and listened to according to the national GP Patient Survey results.
- Information about services was available but not everybody would be able to understand or access it. For example, there were no information leaflets available in other languages despite the high proportion of non-English speaking patients. The practice did have access to interpreters for clinical sessions.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Ensure there is a robust system for recording and retaining staff appraisals.

Summary of findings

- Ensure there are quality assurance systems for identifying improvements in clinical care including two cycle completed clinical audits.

In addition the provider should:

- Review clinical exceptions for all long term conditions to ensure they meet the clinical criteria for exception reporting.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.
- To review and improve the system for recording and monitoring discussions from clinical meetings.
- To review and improve patient satisfaction scores in relation to accessing the practice by phone.
- To ensure regular Portable Electrical Appliance testing is carried out on all electrical equipment used within the practice.
- To review and update the business continuity plan ensuring all emergency numbers are up to date.
- To review the system for managing long term conditions and improve outcomes for patients with diabetes and hypertension.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were low compared to the CCG and national averages relating to indicators for diabetes and hypertension.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was no evidence of appraisals and personal development plans for some non-clinical and clinical staff.
- There was no evidence of completed clinical two cycle audits demonstrating quality improvement.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and 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 requires improvement for being well-led.

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- All staff had received inductions but not all staff had received regular performance reviews.

Requires improvement



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 provider was rated as requires improvement for being effective and well-led and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over the age of 75 were given 30 minute appointments.
- Staff knew how to recognise signs of abuse in vulnerable adults.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for being effective and well-led and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 was 64% compared to the CCG and national average of 88%.
- Longer appointments and home visits were available when needed.
- Not all of these patients had an annual review to check that their health and care needs were being met.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for being effective and well-led and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



Summary of findings

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians questions was 76% compared to the CCG average of 76% and the national average of 75%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Immunisation rates for the standard childhood immunisations were in line with the local average. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 34% to 92% and five year olds from 73% to 95%.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for being effective and well-led and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group.

- 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 age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. For example, patient satisfaction in regards to accessing the practice by phone were lower than the national average.
- The practice carried out NHS health checks for patients aged 40–74.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for being effective and well-led and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.

Requires improvement



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- All vulnerable patients were given a direct bypass telephone to contact the practice.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe, effective and caring; and was overall rated as requires improvement. The issues identified overall as requires improvement affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local average and below the national average. A total of 329 survey forms were distributed and 119 were returned. This represented 2.7% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 76% 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 75% and the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.
- 70% 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 71% national average of 79%.

We spoke to the practice about how they could improve access by phone, the principal GP told us that they have limited space for an additional receptionist to answer the phone, there are three receptionists working at all times to support patients that attend the surgery and contact by phone. Vulnerable patients are given a direct bypass number to contact the surgery.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received, seven of the comment cards mentioned it was difficult to book routine appointments.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is a robust system for recording and retaining staff appraisals.
- Ensure there are quality assurance systems for identifying improvements in clinical care including two cycle completed clinical audits.

Action the service **SHOULD** take to improve

- Review clinical exceptions for all long term conditions to ensure they meet the clinical criteria for exception reporting.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to them.

- To review and improve the system for recording and monitoring discussions from clinical meetings.
- To review and improve patient satisfaction scores in relation to accessing the practice by phone.
- To ensure regular Portable Electrical Appliance testing is carried out on all electrical equipment used within the practice.
- To review and update the business continuity plan ensuring all emergency numbers are up to date.
- To review the system for managing long term conditions and improve outcomes for patients with diabetes and hypertension.

Dr Abdul-Razaq Abdullah

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, a second CQC inspector and a practice nurse specialist adviser.

Background to Dr Abdul-Razaq Abdullah

The Dr Abdullah practice is located in Rainham, North London within the NHS Havering Clinical Commissioning Group. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, improving patient online access, influenza and pneumococcal, learning disabilities and rotavirus and shingles Immunisation.

The practice is registered with the Care Quality Commission to carry on the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and family planning.

The practice had a patient list size of approximately 4,400 at the time of our inspection.

The staff team at the practice included one principal GP (male), one nurse practitioner (female), one practice nurse (female) one practice manager. The practice had 10 administrative staff. There are nine GP sessions and eight nurse sessions available per week.

The practices opening hours are:

- Monday, Tuesday and Friday from 8.00am to 7.00pm
- Wednesday from 8.00am to 8.00pm
- Thursday from 8.00am to 1.00pm

Appointments with GPs are available at the following times:

- Monday, Tuesday and Friday from 8.00am to 6.30pm
- Wednesday from 8.00am to 8.00pm
- Thursday from 8.00am to 1.00pm

Appointments with the practice nurses are available at the following times:

- Monday and Friday from 9.00am to 6.30pm
- Tuesday from 2.00pm to 6.30pm
- Wednesday 9.00am to 7.30pm
- Thursday 9.00am to 12.00pm

Outside of these times patients are directly diverted to the out of hours provider. Patients can also access hub locations for out of hours treatment.

To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This practice was inspected in September 2013 and found to be compliant with all standards applicable at the time.

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 August 2016. During our visit we:

- Spoke with clinical and non-clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff demonstrated a clear understanding of the system. We saw evidence that the practice was adhering to their system.

- 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, we reviewed eight significant events on the day of inspection and found that the practice recorded events which identified areas for improvement as well as good practice. For example, we reviewed two significant events related to cancer diagnoses which were examples of good practice. We saw evidence that significant events were managed in line with the practice policy and that learning was shared with staff and acted upon.

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. There was a lead member of staff for safeguarding. The GPs 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 and nurse were trained to child safeguarding level 3 and administration staff were trained to child safeguarding level 1.

- 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result and acted upon accordingly.
- 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 nurses to administer medicines in line with legislation. (PGDs are written instructions from a qualified and registered prescriber for a medicine

Are services safe?

including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis).

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We did not see any evidence to confirm that electrical equipment was checked to ensure the equipment was safe to use. We did see evidence that clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a formal mechanism in place for the reordering and recording of emergency medicines.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan needed to be revised to include 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 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 83.8% of the total number of points available (exception reporting rate 9.1%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for several QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 60% (exception reporting rate of 12.62%) compared to the CCG average of 74% and the national average of 78%.
- Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (0% exception reporting) compared to the CCG average of 92% and the national average of 88%.

- Performance for hypertension related indicators was below the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 74% (exception reporting rate of 6.68%) compared to the CCG and national average of 84%.
- Performance for dementia related indicators was above the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% (0% exception reporting) compared to the CCG average of 86% and the national average of 84%.

The practice informed us of their ongoing work to improve performance against these indicators by recalling patients with these conditions to review their care plans and reviewing coding on the clinical system. We were told that the barrier to improving performance in these areas was the limited clinical space, which meant only one GP and nurse could work at a time. The practice was planning to obtain a second clinical consultation room for GPs, though at the time of our inspection this had not been achieved.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits carried out in the last two years, however none of these were completed audits where the improvements made were implemented and monitored over time.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs, with the exception of staff appraisals. 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. The practice nurse did not have an appraisal within the last 12 months. We saw no evidence that non-clinical staff had appraisals within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to other practices in the area and in line with the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 65% to 79% and five year olds from 56% to 76%.

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

Are services caring?

Our findings

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.
- Staff told us that the principal GP always makes time to see or speak with patients.

All of the 44 patient Care Quality Commission 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 spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average (apart from two areas indicated below) for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful in line with the CCG and national average of 87%.

The practice was aware of the areas that it needed to address and told us they planned to recruit a sessional GP. At the time of inspection this position had not been filled.

Care planning and involvement in decisions about care and treatment

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

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

Are services caring?

- 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.
- Information leaflets were available in easy read format.
- As patient satisfaction scores were lower than the local and national average for accessing the practice by phone, the practice provides all vulnerable patients with a direct bypass number.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (less than 1% of the practice list). 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 offered a 'Commuter's Clinic' on Wednesday from 6.30pm to 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.00am to 7.00pm Monday, Tuesday and Friday; 8.00am to 8.00pm on Wednesday and 8.00am to 1.00pm on Thursday. Appointments were from 8.00am to 6.30pm Monday, Tuesday and Friday; 8.00am to 8.00pm Wednesday and from 8.00am to 1.00pm Thursday from 8.00am to 1.00pm. Extended hours appointments were offered from 6.30pm to 8.00pm on Wednesday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Staff told us that patients attending the practice with an appointment were never turned away.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages with the exception of accessing the practice by phone.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.

- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

We spoke to the practice about how they could improve access by phone, the principal GP told us that they have limited space for an additional receptionist to answer the phone, there are three receptionists working at all times to support patients that attend the surgery and contact by phone. Vulnerable patients are given a direct bypass number to contact the surgery.

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

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.

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. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system in the form of leaflets in reception.

We looked at two complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, we reviewed a complaint regarding accessing the practice by phone. As a result of the complaint all reception staff were provided with in-house training focusing on how to provide a caring and professional service. Staff were reminded the phone must be answered within three rings. The practice wrote to the patient advising them of the outcome in line with the practice complaints policy.

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 vision to deliver quality care and promote good outcomes for patients, but had no strategic direction for the practice. The practice did not have a strategic plan or set of business plans to support its overarching strategy. Although staff knew and understood the values in terms of quality of care they were not clear about the practice's future strategy to maintain or improve health outcomes for its patients.

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.
- The practice were unable to provide evidence of a programme of continuous clinical and internal audit being used to monitor quality and to make improvements. Although some clinical auditing had taken place; no audits were completed two cycle audits and we were not assured that audits were driving improvements to patient outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There were minutes for clinical meetings however these did not always capture actions and therefore the impact on the quality of care was not fully understood or monitored.

Leadership and culture

On the day of inspection staff told us the principal GP was approachable and always took the time to listen to all members of staff. Clinical leadership arrangements did not support the delivery of high-quality person-centred care however. Although the lead GP was clear about their role and accountability for quality, we could not be assured that they had the necessary capacity to lead effectively due to

the individual burden being placed on them. The principal GP in the practice was visible to all staff and staff commented that they felt listened to. The principal GP told us that they were seeking additional clinical consulting space to allow additional clinical hours and support staff in improving services for patients.

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 principal GP 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 regular team meetings. These included both clinical and non-clinical staff. Staff told us it was an opportunity to share information. However, we noted that staff did not have the opportunity to discuss learning needs and developments through formal appraisals.
- 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 in doing so and felt supported if they did.
- The principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice was in the process of gathering feedback from patients through the patient participation group

Are services well-led?

Requires improvement 

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

(PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. On the day of inspection we saw evidence of these meetings but the practice were able to show us evidence that they acted on improvements recommended by the PPG. For example, as a result of

patient feedback the PPG requested a sign in reception asking patients not to have conversations on mobile phones in the waiting area. The practice acted on this feedback and put a sign in reception as a result.

- The practice had gathered feedback from staff through staff meetings and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided by:</p> <ul style="list-style-type: none">• Failing to ensure that there were processes for identifying where improvements in clinical care could be made and monitored (such as two cycle completed clinical audits). <p>This was in breach of regulation 17(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider failed to ensure that all established staff had regular appraisals. <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>