Dr Javaid Ahmad Mir

Quality Report

Blurton Health Centre
Ripon Road
Blurton
Stoke On Trent
ST3 3BS
Staffordshire.
Tel: 01782 319375
Website:

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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?	Good

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 11

Detailed findings from this inspection

Our inspection team 12

Background to Dr Javaid Ahmad Mir 12

Why we carried out this inspection 12

How we carried out this inspection 12

Detailed findings 14

Action we have told the provider to take 25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr J A Mir on 19 September 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- On the whole, 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.
- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Develop a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA).

Summary of findings

- Staff must assess patients' needs and deliver care in line with current evidence based guidance and improve the way they share and discuss changes to guidance.

In addition the provider should:

- Risk assess the need for emergency medicines within doctors' bags when they attendhome visits.
- Implement a recorded and formal system of sharing updates in best practice guidelines with the staff team.
- Take steps to identify fridge plugs so that they avoid being turned off accidentally.
- Ensure all clinical staff are up-to-date and familiar with the relevant requirements relating to patient consent.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- The practice did not have a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). This lack of formalised system could put patients at risk.
- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse.
- There were procedures in place for monitoring and managing risks to patient and staff safety.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations.
- The practice maintained appropriate standards of cleanliness and hygiene.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff did not always assess patients'needs and deliver care in line with current evidence based guidance. The practice did not have a formal process for sharing changes to guidelines. There were no formal discussions recorded regarding shared learning to ensure the practice was working within the guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice comparable to 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice did not, however, have systems for acting upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice also lacked a formal procedure for sharing changes to best practice guidelines such as National Institute for Health and Care Excellence (NICE).
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. Steps were under way to re-start the patient participation group.
- There was a strong focus on continuous learning and improvement at all levels.

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

Requires improvement

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

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered yearly health checks to all those aged 75 and over.
- Patients at risk of emergency hospital admission had a care plan which was reviewed regularly.
- Patients were invited to attend the surgery for vaccines to prevent illnesses such as the flu and shingles.

People with long term conditions

Requires improvement

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

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had influenza immunisation was 99%, this was higher than the Clinical Commissioning Group (CCG) average and the national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice was taking action to improve the outcomes for patients with asthma, diabetes and chronic obstructive pulmonary disease (COPD). This was by providing self-management plans.

Families, children and young people

Requires improvement

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

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day emergency appointments were available for children.
- Contraception advice and services were offered.

Working age people (including those recently retired and students)

Requires improvement

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

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Evening appointments were offered one evening a week.
- Telephone consultations were offered where appropriate.

People whose circumstances may make them vulnerable

Requires improvement

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

Summary of findings

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability. All patients with a learning disability were offered an annual health check.
- The practice offered longer appointments for patients with a learning disability, which could be made at the start or end of a session to provide a calmer environment to patients who may get distressed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as requires improvement for safe and effective. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health related indicators were slightly higher than the CCG and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 100%, which was higher than the CCG average of 85% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- 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. The practice offered open access to the surgery.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages in some aspects. Three hundred and fouty-four survey forms were distributed and 116 were returned. This represented 4% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 75% national average of 73%.
- 92% 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 85% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area, which was the same as the CCG and the national average.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received although some did comment that making an appointment and getting through on the phone was sometimes difficult. Patients told us that the staff provided a caring and efficient service, and were always willing to address any problems that they had. Patients felt they were always treated with dignity and respect and felt listened to. Patients told us that the practice was always clean and pleasant.

Dr Javaid Ahmad Mir

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 advisor.

Background to Dr Javaid Ahmad Mir

The practice of Dr J A Mir is registered with CQC as a partnership provider operating out of premises in Blurton. The premises are owned by Staffordshire and Stoke on Trent Partnership NHS Trust. The practice holds a General Medical Services contract with NHS England and is part of the NHS Stoke on Trent Clinical Commissioning Group. Car parking, (including disabled parking) is available at this practice.

The practice area is one of high deprivation when compared with the local and the national average. The practice has a larger than average number of children registered at the practice.

At the time of our inspection the practice had 3,076 registered patients. The practice is registered to undertake minor surgery.

The practice staffing comprises of:

- Two GPs (Both male, one locum)
- Two practice nurses (one of which is a long term locum nurse)
- One Health Care Assistant (locum)
- The practice manager, assisted by an assistant practice manager, oversees the operational delivery of services with a team of six administrative staff.

The practice is open 8am to 6.30pm on Monday, Wednesday and Friday and 8am to 1pm on Thursday. The practice offers extended hours on a Tuesday evening where the practice is open until 8pm .

When the practice is closed patients are advised to call NHS 111 service for assistance.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 19 September 2016.

During our inspection we spoke with a range of staff including the GPs, practice nurse, practice manager and business manager, and members of the reception team. We

Detailed findings

observed how people were being cared and reviewed the personal care or treatment records of patients. We 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff knew their individual responsibility, and the process, for reporting significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available. A culture to encourage duty of candour was evident

  through the significant event reporting process. (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).

- Significant events had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared and discussed formally at clinical meetings.

- Nine significant events had been recorded within the previous 12 months.

The practice did not have a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The system relied on individual GPs receiving alerts and responding as

appropriate. We checked records to establish if guidance had been followed, following two recent medicine alerts. We saw evidence that the guidance had not being followed, and identified 13 patients who were affected. We spoke with the practice on the day of the inspection about this, and highlighted the need to review those affected patients as soon as possible.

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 the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- The lead GP was identified as the safeguarding lead within the practice. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurse had received level two training and the health care support worker and other staff had received level one training.

- Staff were made aware of children with safeguarding concerns by computerised alerts on their records. All letters from A&E for multiple attendances in children were screened by the lead GP to identify any issues relating to child safety including child protection. Staff told us that the practice invited patients in to be seen by a GP if they were frequent attenders to A&E.

- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken, with the most recent one completed in June 2016. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal

protective equipment available for staff.

- There were arrangements in place for managing medicines, including emergency medicines and vaccines, (including obtaining, prescribing, recording, handling, storing and security). A log was kept of daily fridge temperatures to ensure vaccines were stored

correctly. However, there was no clear signage to highlight the importance of preventing the fridge being turned off accidentally. Processes were in place for handling repeat prescriptions.

- We saw that patients who took medicines that required close monitoring for side effects had their care and treatment shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required. The practice had implemented an appropriate system to minimise the potential for a missed opportunity that a patient may receive the medicine without having received the necessary monitoring.
- The practice carried out regular medicine audits, with the support of the local clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions 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. These were found to be signed and up to date.
- We reviewed three personnel files and found although they were not in the best kept order, appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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.
- The building landlord had up to date fire risk assessments and carried out 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 building landlord had carried out a legionella risk assessment and had performed regular water temperature testing and flushing of water lines. (Legionella is a 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.

Arrangements to deal with emergencies and major incidents

Arrangements were 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 and a panic button which alerted staff to any emergency.
- All staff had received recent annual basic life support training.
- There were emergency medicines available to treat a range of sudden illnesses that may occur within a general practice. These were securely stored and accessible to staff. Staff knew of their location. The practice did not hold emergency mediciness within doctors bags when they attended home visits.
- The practice had a defibrillator available on the premises and oxygen with adult and childrens' masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been recently reviewed and contained emergency telephone contact numbers.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

From discussions with staff, we found that they did not always deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, we found that staff were not aware of clinical guidelines with regards to the diagnosis of chronic obstructive pulmonary disease (COPD) and asthma.

Staff had access to guidelines from NICE but did not always use this information to deliver care and treatment that met patients' needs.

The practice did not have a formal process for sharing changes to guidelines and there were no formal discussions recorded regarding shared learning to ensure the practice was working within the guidelines.

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 showed that the practice had achieved 98.5% of the total number of points available. This was higher than the local Clinical Commissioning Group (CCG) and national averages of 95%. Clinical exception rate was 5%, which was lower than the CCG rate of 9% and the national rate of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Data from October 2015 showed:.

Performance was comparable with the local and national average in all of the diabetes related indicators. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the last 12 months, was 74% which was comparable to the CCG average of 75% and the national average of 78%. Clinical exception reporting for the practice was 2% compared to the CCG average of 9% and the national average of 11% meaning more patients had been included.
- The percentage of patients with diabetes, on the register, who had influenza immunisation was 99%, which was higher than the CCG average and the national average of 94%. Clinical exception reporting for the practice was 11% compared to the CCG average of 20% and the national average of 18%.
- The percentage of patients on the diabetes register, with a record of a foot examination

  and risk classification was 93% compared to the CCG average of 86% and the national average of 88%. Clinical exception reporting for the practice was 18% compared to the CCG average of 10% and the national average of 8%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 was 140/80 mmHg or less was 87%. This was higher than the CCG average of 80% and national average of 78%. Clinical exception reporting for the practice was 2% compared to the CCG average of 8% and the national average of 9%.

Performance for mental health related indicators were slightly higher than the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in

  a face-to-face review in the last 12 months was 100%, which was higher than the CCG average of 85% and the national average of 84%. Clinical exception reporting for the practice was 17% compared to the CCG average of 8% and the national average of 8%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other

  psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 87% compared with the CCG average of 86% and the national average of 88%. Clinical exception reporting for the practice was 0% compared to the CCG average of 10% and the national average of 13%.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months was 93% compared with the CCG average and the national average of 90%. Clinical exception reporting for the practice was 0% compared to the CCG average of 8% and the national average of 10%.

There was evidence of quality improvement including clinical audit. There had been a number of audits completed in the last two years that had been both internally and externally driven. Some of these audits were completed audit cycles, where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of their antibiotic prescribing. The practice had discussed how to lessen the amount of antibiotic prescribing and implemented the learning. A second cycle audit showed a reduction in antibiotic prescribing.

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.
- 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 appraisals. All staff had either received an appraisal within the last 12 months or had an appraisal booked. Staff told us they felt supported to continue with their professional development.
- 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 every six to eight weeks when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff were aware of the importance of gaining and recording consent although some staff required training and or refreshing, for example in the Mental Capacity Act 2005, Fraser guidelines and Gillick competencies.

- 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.
- There was evidence of advanced planning in failing health for example advanced directives for people with dementia.

Supporting patients to live healthier lives

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice offered a range of services in house to promote health and provided regular reviews for patients with long-term conditions:

- The practice offered NHS Health Checks for patients aged 40 to 74 years of age to detect for emerging health issues such as diabetes and hypertension. All new patients were given a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice worked with their patients to develop self-management plans for diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- The practice's uptake for the cervical screening programme was 75% which was slightly lower than the CCG average of 80% and the national average of 82%.
- 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 93% to 100% and five year olds from 82% to 98%.
- The practice held a register of patients living in vulnerable circumstances including 27with a learning disability. All patients with a learning disability were offered an annual health assessment.

Data published in March 2015 by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than local and national averages:

- 65% of eligible females aged 50-70 had attended screening to detect breast cancer .This was lower than the CCG average of 74% and national average of 72%.
- 50% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 55% and national average of 58%.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 19 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.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients commented that they felt everything was explained well to them at their level of understanding and their questions answered with kindness.

Results from the national GP patient survey published on the 7 July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 87% of patients said the GP gave them enough time, which was the same as the CCG and national average.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG 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 92% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 better or in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the CCG and national average.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers, which equated to 2% of the practice list. The practice attempted to identify carers by asking a question on the new patient registration packs whether they were a carer. A statement also appeared on repeat prescription

Good

Are services caring?

sheets asking patients to talk to receptionists if they were carers. Information was on display in the waiting area, signposting carers to various support groups. Staff told us that carers were offered an annual health check.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. There had been occasions where staff had attended the funerals of their patients. The practice would also provide advice on how to find a support service where required.

Good

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.

- Appointments were offered outside of normal working hours. Working patients who could not attend during normal opening hours or patients who relied on working relatives to bring them to surgery could attend appointments with the GPs up to 8pm on Tuesday and evenings.
- The practice offered flexibility in the way patients could book an appointment, including face-to-face, telephone and online booking.
- There were longer appointments available for patients with complex needs including for example, people with a learning disability, and people who had drug and alcohol dependency.
- 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 vaccinations available on the NHS.
- There were disabled facilities and translation services available.

Access to the service

The practice was open 8.am to 6.30pm on Monday, Wednesday and Friday and 8am to 1pm on Thursday. The practice offered extended hours on a Tuesday evening where the practice was open from 8am to 8pm.

Appointments were from 9.30am to 11.30am each morning. Afternoon appointments were from 4pm to 6pm on Monday, Wednesday and Friday. Later appointments were available on a Tuesday evening from 4.pm to 8pm.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was in line with or higher than local and national averages, in some instances significantly higher, for example:

- 85% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 81% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 92% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG and the national average of 85%
- 69% of patients felt they did not normally have to wait too long to been seen compared to the CCG average of 60% and national average of 58%.
- 92% of patients said the last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 86% of patients described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.

Five patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them although one patient said they sometimes had to wait to see their GP of choice.

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.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. Full details of how to make a complaint was available in the waiting area.
- We looked at three complaints received in the last 12 months. We found that they were satisfactorily handled, dealt with in a timely way, and with openness and transparency. There were details about lessons learnt from individual concerns and complaints and the practice also recorded and responded to verbal complaints received.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice shared their practice philosophy with their patients. A practice charter leaflet was available in the waiting room and patients were encouraged to take one. The practice aimed to offer the highest standard of health care and advice to their patients, with the resources available to them. The practice had a team approach to patient care and endeavoured to monitor the service provided to ensure it met current standards of excellence.

Staff spoke positively about their work and felt proud to be part of the team. Staff felt that they cared very much for their patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care although improvements were required in some areas.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however not all staff were aware of how to access these.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice however needed to strengthen for acting upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice also needed to formalise their procedure for sharing changes to best practice guidelines such as National Institute for Health and Care Excellence (NICE) and work within their parameters.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the management was approachable and always took the time to listen to all members of staff. The practice experienced a low turnover of staff as they felt supported by the management. There was a clear leadership structure in place.

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with their manager. Staff also described the culture as friendly, caring, supportive and relaxed.

The provider was aware of and complied 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). A culture of openness and honesty was promoted.

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.

- At the time of the inspection, the practice did not have an active patient participation group (PPG) although they had one in the past. (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). The practice was working on re-establishing the group and promoting the group in a number of ways including asking patients as part of the new patient registration form whether they would be interested.
- The practice had recently conducted their own patient survey, and the results had been discussed at their practice meeting. A short-term and long-term plan had been put in place to try and address the feedback from patients. Changes had been implemented in response to the feedback, which included increasing the number of nurse hours available to patients.
- Staff told us they felt able to provide feedback and discuss any issues relating to the running of the practice.

Continuous improvement

Are services well-led?

Good

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

There was a focus on continuous learning and improvement at all levels within the practice. The staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. The practice engaged with the clinical commissioning group and other organisations in order to keep abreast with developments in general practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not ensured that care and treatment was provided in a safe way for service users.** **The practice did not have a formalised system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA)..** **Some staff were not aware of and did not work within all current best practice guidelines, such as NICE guidelines.** Regulation 12