

# Dr Gul Mohammad Khan

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of this practice on 10 June 2015. The practice was rated as requires improvement with multiple breaches identified in the safe, effective and well led domains.

We carried out a further announced comprehensive inspection at Dr Gul Mohammad Khan on 12 September 2016. Overall the practice is rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses, however there was a need to ensure the policy was up to date.
- The practice had processes and a policy in place to keep patients safe and safeguarded from abuse.
- The practice had a number of policies and procedures to govern activity; however we identified not all policies were not up to date or hand written changes were not reflected in the electronic versions.
- The practice maintained appropriate standards of cleanliness and hygiene with external cleaning provider attending weekly, however the day to day cleaning provided by practice staff, did not follow control of substances hazard to health (COSHH) in storage of the equipment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was equipped to treat patients and meet their needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider must make improvements are:

- Ensure the practice policies are a true reflection of practice working process, are up to date and identical in paper and electronic format.
- Ensure COSHH procedures are developed for the equipment storage of all the practice's cleaning equipment.

In addition the provider should:

- Review employing a female nurse or GP into the practice
- Review SMART cards access for all staff is to the appropriate level.
- Carry out a risk assessments for having no defibrillator at the practice.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However the policy needed to be updated and shared learning outcomes formally documented.
- The practice had processes and a policy in place to keep patients safe and safeguarded from abuse.
- The practice's external cleaner attended weekly and followed NHS cleaning standards. We found day to day cleaning provided by practice staff, did not follow COSHH procedures in storage of the equipment.
- The reception SMART cards were not set to the appropriate level but we were shown clear processes and evidence that the staff did not access the clinical IT system inappropriately. SMART cards are 'chip and pin' cards with a name and photograph used in a card reader attached to a computer. This allows access to patients' confidential medical records.
- 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.

**Requires improvement**



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below or comparable compared to the national average.
- 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.
- Clinical audits demonstrated quality improvements; one example was in diabetes care.
- There was evidence of appraisals and personal development plans for all staff.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- The GP spoke several languages and all the other staff spoke at least one language other than English.
- Data from the national GP patient survey showed patients rated the practice just below or comparable in care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This was evidential in patients we spoke with and comment cards.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 good for being well-led.

- The practice had a succession plan in place for future planning.
- There was a clear leadership structure and staff felt supported by management.
- There were documented discussions of regular governance meetings.
- The practice had a number of policies and procedures to govern activity, but we found some policies were not up to date in the electronic format.
- A newly formed patient participation group (PPG) was active.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety and effective providing a service.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There were arrangements in place to provide flu and pneumococcal immunisation to this group of patients.
- The practice offered personalised care to meet the needs of the older people in its population.

Good



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety and effective providing a service.

- The GP played a lead role in chronic disease management.
- 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.

Good



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and effective providing a service.

- The provider was a single-handed male GP. Arrangements were in place for female patients who were referred to another clinic.
- Immunisation rates for the standard childhood immunisations were mixed. Immunisation rates for children aged under two year olds ranged from 84% to 100%
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

Good



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 safety and effective providing a service

- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Routine health checks were also available for patients between 40 and 74 years old.
- Extended hours opening was available twice a week and patients could book an appointment in advance.
- Health promotion advice, including travel health, was available.

## **People whose circumstances may make them vulnerable**

Good



The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety and effective providing a service

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, all had received training.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.

## **People experiencing poor mental health (including people with dementia)**

Good



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 safety and effective providing a service

- 100% of people experiencing poor mental health had received an annual physical health check.
- 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

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing above or comparable in line with local and national averages. 373 survey forms were distributed and 62 were returned. This represented 5% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients commented that the GP was very caring and helpful always taking time to listen to them.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were kind and caring.

The practice took part in the friends and families test.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure the practice policies are a true reflection of practice working process, are up to date and identical in paper and electronic format.
- Ensure COSHH procedures are developed for the equipment storage of all the practice's cleaning equipment.

### Action the service **SHOULD** take to improve

In addition the provider should:

- Review employing a female nurse or GP into the practice
- Review SMART cards access for all staff is to the appropriate level.
- Carry out a risk assessments for having no defibrillator at the practice.



# Dr Gul Mohammad Khan

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Gul Mohammad Khan

The practice of Dr Gul Mohammad Khan is also known as Aleeshan Medical Centre. The practice is located in an end terraced house in a residential area of Cheetham Hill, Manchester.

The male life expectancy for the area is 75 years compared with the CCG average of 73 years and the national average of 79 years. The female life expectancy for the area is 79 years compared with the CCG average of 78 years and the national average of 83 years.

The majority of patients are of black and minority ethnic group with many of the patients not speaking English as their first language, and a high portion of patients are illiterate.

The data also showed a higher number of males than females registered with the practice; we were told that this was due to the practice having no female GP or nurse. There is a lower than average number of patients over the age of 60 and a higher than average number of young patients under the age of 19.

The practice is run by a single handed male GP supported by a practice manager and three reception staff. There is no practice nurse.

The practice is open from 8am until 7pm Monday, Thursday. Each Tuesdays and Friday the practice open 8am to 6.30pm. Every Wednesday afternoon from 1pm the practice is closed. Extended hours every Monday and Thursday evening between 6.30pm and 7pm.

Patients requiring a GP outside of normal working hours are advised to call “Go-to- Doc” using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery is part of the Prime Ministers GP Access scheme offering extended evening and weekend appointments to patients.

The practice delivers commissioned services under the General Medical Services (GMS) contract. There were 1271 patients on the practice list at the time of our inspection .The practice is a member of North Manchester Clinical Commissioning Group (CCG).

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 September 2016.

During our visit we:

- Spoke with a range of staff GP, practice manager and reception staff and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

The inspection of June 2015 found that staff were not documenting or having meetings to discuss significant events and incidents. There were no clear processes or training for infection control and fire safety. GP and staff training had expired in safeguarding children and vulnerable adults. Staff did not have a Disclosure and Barring Service (DBS) checks and recruitment procedures were not sufficient. There was no process for checking emergency medicines or expiry dates in place. During this inspection we found that improvements had been made in these areas.

### Safe track record and learning

There was a system in place for reporting and recording significant events and we saw evidence of events being recorded and discussed in meetings.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer. 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).
- The practice had discussed and carried out an analysis of the significant events, and these were detailed in meeting minutes.
- The policy we reviewed made reference to the primary care trust (PCT) with the review date stating 2011. There had been recent updates and amendments made to the policy, however these were hand written on the document and did not reflected in the electronic version. The PCT ceased to exist in April 2013.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Only one GP worked at the practice, who would receive safety alerts direct but there were no other clinical staff at the practice to share clinical issues with.

### Overview of safety systems and processes

The practice did not always have systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- 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 GP 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. The GP was trained to child protection or child safeguarding level three.
- 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. The practice hired an external cleaner who attended weekly and NHS cleaning standards were followed. The day to day cleaning was maintained by practice staff who worked to a cleaning schedule. We found internal COSHH procedures such as storage of the cleaning equipment were not in place.
- The practice manger 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.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

## Are services safe?

- We reviewed four personnel files and found appropriate checks had been undertaken. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The reception SMART cards were not set to the appropriate level, meaning staff had full access within the clinical IT system. On closer investigation, we were shown clear processes and evidence that the staff did not access the clinical IT system inappropriately. SMART cards are 'chip and pin' cards with a name and photograph used in a card reader attached to a computer. This allows access to patient's confidential medical records.

### 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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as 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. We saw documented signed agreements with a neighbouring GP in place, who would oversee the patient list in case of emergencies.

### 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 did not have a defibrillator on the premises with no risk assessment in place.
- The practice had oxygen available on the premises and 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. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However multiple processes had been updated and amended by hand, direct onto the document. These changes were not reflected in the electronic version. The plan did not include emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

The inspection of June 2015 found that no full clinical audit cycles were driving improvement to improve patient outcomes. The GP did not have an understanding of the Gillick Competencies or the Mental Capacity Act 2005. There was no system in place to monitor training completed or when training was expired. During this inspection we found that improvements had been made in these areas.

### Effective needs assessment

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

- The clinician had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 83.5% of the total number of points available. The clinical exception rate was 1%. A practice's payments are based on the number of patients on each disease register, known as 'recorded disease prevalence'. In certain cases, practices can exclude patients which is known as 'exception reporting'.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/ 15 showed:

- Performance for diabetes related indicators was 8%. This was worse than the national average of 89%. We saw a full audit had taken place, looking at the low figure. As a result there was a documented plan, which suggested a weekly diabetic clinic was to be implemented and use of the correct code for exception reporting. Current data requested on the day of the inspection, had shown an 11% increase in the diabetes data to date.
- Performance for mental health related indicators was 100%. This was better than the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included full review of all patients on the diabetes register and changes to the coding of these patients.

### Effective staffing

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

- All staff received training that included: safeguarding, mental capacity, 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.
- The GP had attending multiple training on safeguarding and mental capacity act.
- 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.

### 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 plans, medical records and investigation and test results. We reviewed one end of life care record where clearly documented outcomes and meetings attended were recorded in the clinical system.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

# Are services effective?

## (for example, treatment is effective)

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 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 assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 66%, which was lower than the CCG average of 71% and the national average of 74%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 100% and five year olds from 32% to 100%. One of the booster injections rate was very low at 32%. Discussions with the practice identified the practice treating families seeking asylum and non-English speaking families, where concerns about specific vaccines had been raised as an issue.

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.

- Privacy screens 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 27 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) who also told us they were satisfied with the care provided by the practice and confirmed that 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 for its satisfaction scores on consultations with GPs. For example:

- 94% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 94% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared similar to the national average of 85%.
- 84% of patients said the GP gave them enough time compared similar to the CCG average of 84.8% and the national average of 87%.
- 85% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.

- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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. 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 in line with local and national averages. For example:

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

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. The GP spoke several languages and all the other staff spoke at least one language other than English.
- We were told 90% of patients spoke limited English and approximately 30% did not speak English at all.
- The practice had hand written in Urdu patient information on the back of the practice leaflet and the request for repeat medicines.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice also had translated a repeat prescribing request form into Urdu with the practice leaflet also having a section translated to help patients.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified four patients as carers (0.3% of the practice list). The practice had acknowledged more work to identify carers was needed.

Staff told us that if families had suffered bereavement, the GP contacted them directly.



# 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 was part of a Neighbourhood Hub service in conjunction with other practices to offer extended hours opening times for patients.
- Appointments and prescriptions could be booked on-line, however we were told this service had never been used by patients.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had no female nurse or GP and had chosen not to provide any public health additional services such as cervical screening for their female patients, these services were provided externally.

### Access to the service

The practice was open between 8am and 7pm Monday and Thursday with Tuesday and Friday being open 8am to 6.30pm. Every Wednesday afternoon from 1pm the branch is closed.

Extended hours surgeries were offered on Monday and Thursday evenings until 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance urgent appointments were also available for

people that needed them. The surgery was part of the Prime Ministers GP Access (GPPO) scheme offering extended hours and weekend appointments to patients and a practice in the area.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice told us the last complaint made to them was many years ago.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice leaflet.

# Are services well-led?

Good 

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

## Our findings

The inspection of June 2015 found that no future succession planning or mission statement had been developed. There was no patient participation group (PPG) formed. Staff had not received up to date or appropriate training. During this inspection we found that improvements had been made in these areas.

### Vision and strategy

The practice had a close working relationship within the team. All staff we spoke with believed in high quality care and promoted good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting area.
- The practice had been working on future succession plan for the practice.

### 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 but we found not all policies were not up to date in the electronic format.
- An understanding of the performance of the practice was maintained.

### Leadership and culture

On the day of inspection the lead GP in the practice demonstrated that he had the experience, capacity and capability to run the practice and ensure quality care. He told us he prioritised safe and compassionate care. Staff told us the GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The 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 but no complaints had been received in over three years.

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

- Staff told us the practice held regular team meetings and we saw minutes of these documented.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop 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 had recently developed a patient participation group (PPG) with three members, with meetings taking place.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>How the regulation was not being met:</b></p> <p>There were no Control of Substances Hazardous to Health (COSHH) procedures in place for the storage of the practices cleaning equipment.</p> <p>This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>Practice policies were not up to date and hand written changes were not reflected in the electronic versions.</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>