Dr Junaid Syed

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingsdown Surgery (Dr Junaid Syed) on 14 July 2016. Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment; staff were not up to date with mandatory training such as infection prevention and control and information governance; the process in place for updating changes to repeat prescriptions and reviewing letters relating to patients from external clinicians was unsafe.
- The processes in place for storing and administering medicines were not effective. For example, at the time of the inspection there was no arrangement in place for the temperature of the vaccine fridge to be monitored on days when there were no nursing staff present, the practice did not have systems in place to ensure that the legal documentation required for the administering of medicines was up to date. There was no process in place for monitoring the use of blank prescription sheets, and sheets were left in printer trays in unlocked consultation rooms overnight.
- Staff were not clear about reporting incidents, near misses and concerns and there was limited evidence of learning and communication with staff when these incidents occurred.
- We saw evidence that patient safety alerts were being sent to appropriate staff members; however, there was no evidence that these were being acted on. Following the inspection the practice put a process in place to ensure that action is taken on all relevant alerts.
- Care plans for vulnerable patients had been completed and were sufficiently detailed; however, these had not been saved to the patient records system, and therefore, these were not accessible to staff who were reviewing these patients, nor could they be updated when a patient's condition changed.
- At the time of the inspection the practice did not have a working fire alarm in place (they were in the process of procuring a new system) and had not completed a

Summary of findings

risk assessment or mitigation plan in relation to this. There was no evidence that the practice carried out regular fire drills or that staff had received training in fire safety.

- Data showed patient outcomes were comparable to the national average with the exception of those relating to patients with diabetes; however, the practice had a high exception reporting rate.
- The practice had completed two complete audit cycles which showed quality improvement; however, there was limited evidence that the improvements made as a result of the initial audits had been embedded.
- 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; however, at the time of the inspection it was not clearly displayed in the waiting area. Complaints were responded to promptly and in appropriate detail; however, there was limited evidence that improvements were made to the quality of care as a result of complaints and concerns, and learning from complaints was not routinely shared with staff.
- 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.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- There was a leadership structure in place, and overall, staff felt supported; however, there was some ambiguity around the roles and responsibilities of some staff members.

The areas where the provider must make improvements are:

- Ensure improved arrangements for safety to include: safe storage, prescribing and administering of medicines and storage of prescription sheets; completion of pre employment staff recruitment checks, in adherence with the practice's recruitment policy; correspondence relating to patient care being reviewed by a clinician; suitable fire safety systems being in place; all staff being familiar with new guidance for reporting and recording significant events and for the learning to be shared with relevant staff; and the new process for dealing with patient safety alerts being followed.
- Take action to ensure that patients receive the necessary reviews of their clinical conditions and complete and contemporaneous electronic patient records are kept, including patient care plans and records of meetings where individual patients' care is discussed.
- Ensure that all staff are up to date with training.
- Ensure that all policies and procedures are up to date.
- Ensure that learning from complaints is shared with all relevant staff.
- Ensure that audit is being used to drive quality improvement.

In addition the provider should:

- Review arrangements to identify carers so their needs can be identified and met.
- Review how they inform patients of the availability of language translation services.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff were not clear about reporting incidents, near misses and concerns, and the threshold for reporting incidents was too high to capture some of the incidents which had occurred at the practice. Where incidents were reported, the practice carried out investigations but lessons learned were not widely communicated and so safety was not improved. When things went wrong patients received reasonable support, truthful information, and a written apology.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, the practice had failed to follow its own recruitment procedure in relation to pre-employment checks, and we found that staff were not up to date with mandatory training. At the time of the inspection, the practice did not have a working fire alarm, as the existing system was faulty and they were in the process of replacing it; however, no risk assessment had been done in relation to this. We saw evidence that patient safety alerts were being sent to the appropriate staff members; however, there was no evidence that these were being acted on.
- The processes in place for storing and administering medicines were not effective. For example, at the time of the inspection there was no arrangement in place for the temperature of the vaccine fridge to be monitored on days when there were no nursing staff present, and the practice did not have systems in place to ensure that the legal documentation required for the administering of medicines was up to date.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Are services effective?

Requires improvement

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

- Data showed patient outcomes were comparable to the national average; however, the practice had higher than

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average exception reporting. For example, for diabetes indicators, their exception reporting rate was 20% compared to a Clinical Commissioning Group (CCG) average of 13% and national average of 11%.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement; however, there was limited evidence that the actions taken to achieve these improvements had been embedded.
- Care plans were hand written and not saved to patients' records, and were therefore not easily available to clinicians during consultations.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients' satisfaction with the care they received from the practice was comparable to local and national averages.
- 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; however, there was no information on display in the waiting area regarding translation services.
- 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. For example, the CCG issued monthly reports regarding patients who frequently attended local Accident and Emergency (A&E) departments; the practice reviewed these reports and contacted patients who had attended A&E inappropriately to educate them about

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alternative ways to access medical care. The practice had also consulted with their Patient Participation Group to gather ideas about how to encourage patients to attend alternative out-of-hours 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 equipped to treat patients and meet their needs.
- Information about how to complain was available but was not clearly displayed to patients at the practice. Evidence showed the practice responded quickly to issues raised; however, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a leadership structure in place; however, it was not always clear where lines of responsibility lay.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice had an active patient participation group.
- The practice held staff meetings, but these were not regularly scheduled, and a record of what was discussed was not always taken.
- All staff had received inductions but not all staff had received regular performance reviews.

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was concerned to ensure that the social needs of its elderly patients were met; for example, they had sent leaflets produced by Age Concern about fuel poverty and the importance of keeping warm in winter to all their patients aged 85 years and over.

People with long term conditions

Requires improvement

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

- Performance for diabetes related indicators were below the CCG and national average. Overall the practice achieved 90% of the total QOF points available, compared with an average of 92% locally and 89% nationally. The practice had a large exception reporting rate for diabetes related indicators (20% compared to a Clinical Commissioning Group (CCG) average of 13% and national average of 11%). The proportion of diabetic patients with a record of a foot examination and risk classification in the preceding 12 months was 32% (CCG and national average 88%).
- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission received personalised care plans; however, these were not saved to their patient record, and we saw no evidence that these plans were updated throughout the year as the patient's condition changed.

Families, children and young people

Requires improvement

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

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- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening had been carried-out for 82% of women registered at the practice aged 25-64, which was comparable to the CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We were told that staff at the practice met regularly with midwives and health visitors; however, no record was kept of these meetings.

Working age people (including those recently retired and students)

Requires improvement

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

- 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; for example, they offered evening appointments one day per week for people unable to attend the surgery during the day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for cancer screening was comparable to local and national averages with the exception of screening for breast cancer, where their uptake was below average. The practice had discussed their rate of uptake for cancer screening with their patient participation group, and had developed actions for promoting this service to patients to encourage them to attend, for example, they included questions about cancer screening uptake in their annual patient survey in order to raise awareness of this service.

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People whose circumstances may make them vulnerable

Requires improvement 

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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 provider was rated as inadequate for safety and requires improvement for effective and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had 19 patients diagnosed with dementia and the practice had recorded that 100% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the Clinical Commissioning Group (CCG) and national average of 84%; however, the practice had a 16% exception rate for this indicator, which was approximately double that of the CCG and national average.
- The practice had 22 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 100% of these patients, compared to a CCG average of 92% and national average of 88%; however, they had a higher than average exception reporting rate at 18%, compared to a CCG average of 10% and national average of 13%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice's performance was mixed. Three hundred and thirty three survey forms were distributed and 120 were returned. This represented 3% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 64% 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 68% and national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

In response to the results of the survey, the practice had changed its appointment system to allow more appointments to be booked online. We were told by both patients and reception staff that this had resulted in improved access to appointments.

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; however, there were some negative comments about the waiting time for appointments. Patients said that staff were kind and caring and that they were treated with respect.

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

Dr Junaid Syed

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Junaid Syed

Dr Junaid Syed provides primary medical services from Kingsdowne Surgery in Surbiton to approximately 3800 patients and is one of 26 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 12%, which is the same as the CCG average, and for older people the practice value is 13%, which is also the same as the CCG average. The practice has a larger proportion of patients aged 30-34 than the CCG average. Of patients registered with the practice, the largest group by ethnicity are white (76%), followed by asian (16%), mixed (4%), black (2%) and other non-white ethnic groups (2%).

The practice operates from a 2-storey converted residential premises which has been extended to incorporate the neighbouring property. The reception desk, waiting area, one GP consultation room and two nurse consultation rooms are situated on the ground floor. Three further GP consultations rooms and an administrative area are on the first floor, which is accessible by a flight of stairs.

The practice team at the surgery is run by one principal GP who does four clinical sessions per week and spends the remainder of his time undertaking management activities both for the practice and the CCG. There are two part time male salaried GPs and one part time female salaried GP; in total 19 GP sessions are available per week. In addition, the practice also has two part time female nurses, and one part time female healthcare assistant. The practice team also consists of a practice manager, eight reception/ administrative staff, two secretaries, and an IT lead.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8.30am and 6.30pm Monday to Friday apart from Wednesday afternoons when the practice is closed (patients can access a GP during this time by telephoning the mobile phone number provided via the recorded message on the practice's answerphone). Appointments are from 9.00am to 1.00pm every morning, and 2.00pm to 6.30pm every afternoon. Extended hours surgeries are offered between 6.30pm and 8.00pm on Tuesdays.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as an individual provider with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

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, 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 14 July 2016. During our visit we:

- Spoke with a range of staff including GPs, a nurse, the practice manager and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events; however, this was not robust and there was no evidence to support that there was a culture of recording incidents.

- Staff told us they would inform the principal GP of any incidents. There was a recording form available on the practice's computer system, but staff said that they would not complete this themselves. On the day of the inspection the practice could only provide a completed copy of the form for one of the four incidents on the practice's significant event summary log. During the inspection, reception staff told us about an incident involving a patient who was very unwell whilst on the premises; this incident had not been recorded as a significant event. Following the inspection, the practice developed additional guidance for staff on reporting significant events, which included directing staff to complete a recording form for incidents they had observed.
- In the one example we viewed, it appeared that the practice carried out a thorough analysis of the significant event. However; staff told us that the outcomes of significant events were not shared.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but these were not all effective. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and contact details were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2. Some non-clinical staff had received training to level 1; however, of the three administrative staff files we reviewed, only one member of staff had received this training.
- 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 healthcare assistant was the infection control clinical lead. We saw evidence that nursing staff had received training in infection prevention and control; however, non-clinical members of staff had not received this training. A recent in-depth infection control audit had been undertaken by an external contractor 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 were not effective (including obtaining, prescribing, recording, handling, storing, security and disposal).
  - Processes were in place for handling repeat prescriptions and for processing updates to prescriptions; however these were not safe, as prescription changes were made by a member of administrative staff without first being reviewed by a doctor.
  - The practice carried out medicines audits at the request of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
  - Blank prescription forms were not securely stored, as these were left in printer trays when clinical rooms were unoccupied and there were no external locks available on consulting room doors.
  - The vaccines fridge had a thermometer but no second thermometer as a back-up. A process was in

place to record fridge temperaures to ensure that the cold chain was maintained, but temperatures were not recorded on days when there were no nursing staff working. Following the inspection the practice purchased a second thermometer which continuously recorded and stored temperature data.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation; however, we found that five of these had expired and one of the PGDs only named one of the practice nurses. This was raised with the practice during the inspection, and additional documentation was immediately put in place to extend the expired PGDs.

- A process was in place for reviewing incoming post; however, this was not safe. Post received by the practice was reviewed by a member of administrative staff who decided whether an item required review by a GP. Correspondence was not date stamped when it was received, so it was unclear how quickly post was processed.
- We reviewed six personnel files and found that none of these contained complete information to evidence that 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

Some risks to patients were assessed and managed, but there were significant gaps in this area.

- There were some procedures in place for monitoring and managing risks to patient and staff safety; but these were not always robust. The practice had recently undertaken a comprehensive health and safety and infection control audit by an external consultant. The consultant had noted that the practice had not completed an infection control audit within the past 12 months. The practice had a fire risk assessment; however, the practice was in the process of replacing their fire alarm system because the current system was faulty, and had in the meantime switched off the existing system, but had not completed any analysis of the risks relating to this decision. We saw no evidence that the practice carried out regular fire drills. All electrical equipment had been recently checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly; however, the practice had no policy in place which stated how regularly these checks should be completed. The practice had recently submitted samples of water to be tested for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings); however, they had not completed a risk assessment in relation to the legionella risk. The practice had a risk assessment in place in relation to control of substances hazardous to health.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training, and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. 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. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had a system in place for the principal GP to view updates and safety alerts, and these were then passed to relevant clinical staff via email. There was no evidence of updates being discussed in practice meetings, or of searches of patients having been completed following receipt of safety alerts. Following the inspection the practice developed a protocol for the handling of safety alerts.

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 98% of the total number of points available. The practice's overall clinical exception rate was 16%, which was higher than the CCG average of 10% and national average 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 an outlier for some QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were below CCG and national averages. Overall the practice achieved 90% of the total QOF points available, compared with an average of 92% locally and 89% nationally; however, the practice had a 20% exception rate for this indicator, compared to a Clinical Commissioning Group (CCG) average of 13% and national average of 11%). The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 64%, which was below the CCG average of 80% and national average of 78%; the proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 83%, compared to a CCG average of 80% and national average of 78%, but the practice had an exception reporting rate of 28% for this indicator, compared to a CCG average of 14% and national average of 12%. The proportion of diabetic patients with a record of a foot examination and risk classification in the preceding 12 months was 32% (CCG and national average 88%).
- Performance for mental health related indicators were mixed. The practice had 19 patients diagnosed with dementia and the practice had recorded that 100% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the Clinical Commissioning Group (CCG) and national average of 84%; however, the practice had a 16% exception rate for this indicator, which was approximately double that of the CCG and national average of 8%.
- The practice had 22 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 100% of these patients, compared to a CCG average of 92% and national average of 88%; however, they had a higher than average exception reporting rate at 18%, compared to a CCG average of 10% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits instigated by the CCG's medicines management team.
- Findings from audits were used by the practice to improve services. For example, an initial audit of the care provided to patients with asthma found that 70% of these patients had received an annual asthma review and personalised action plan in the preceding 12 months; the practice therefore committed to encouraging patients with asthma to attend for a review and a re-audit found that 95% of patients had attended for a review and received an action plan. Whilst this audit showed an improvement to the care provided to these patients, the audit document lacked specific detail about how this was achieved, and therefore, there was limited evidence that any improvements identified had been embedded.

Requires improvement

Are services effective?

(for example, treatment is effective)

Effective staffing

Overall, staff had the skills, knowledge and experience to deliver effective care and treatment; however, the practice did not have an effective system in place to record when staff attended training and to ensure that staff received the training they required at the appropriate intervals.

- The practice had an induction programme for all newly appointed administrative staff. This covered such topics as patient confidentiality and health and safety; however, it was unclear whether any such induction was available to clinical staff. The practice did not have a locum pack, and the principal GP explained that they would go through key pieces of information with new locum staff.
- 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. We checked the staff file of one of the nursing staff and found that they had received training updates on wound care and carrying-out foot checks for diabetic patients within in the past two years.
- 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.
- The practice provided training to staff, and this was usually delivered as a group; however, refresher training sessions were not always provided within the guideline timescales, and there were no arrangements made for staff to receive training if they were unable to attend the group sessions. We viewed personnel files for six members of staff and found evidence that three of these staff members had received an appraisal within the preceding 12 months; however, the records of these appraisals did not contain personalised development plans. Staff had access to and made use of e-learning training modules and in-house training.
- Staff received training that included: safeguarding and basic life support. We saw no evidence of staff having received training on fire safety, infection control (with the exception of nursing staff), the Mental Capacity Act, and Information Governance (although, staff had received training on patient confidentiality).

Coordinating patient care and information sharing

In most cases, 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; however, this was not the case with care plans, which were hand written and not saved to patients' records, and were therefore not easily available to clinicians during consultations.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a fortnightly basis; however, these were not minuted. We saw evidence that in some cases notes of discussions were placed on patients' records, but this was not always the case. Care plans were not 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; however, we saw no evidence that staff had received formal training in this area.
- 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.

Supporting patients to live healthier lives

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

Requires improvement

Are services effective?

(for example, treatment is effective)

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

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Their uptake for these tests was mixed; 51% of eligible women had attended breast cancer screening, which was below the CCG average of 57% and national average of 72%. Their update for bowel cancer screening was 58%, which was comparable to the CCG average of 56% and national averagel of 58%.

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 89% to 100% (national averages ranged from 87% to 96%) and five year olds from 75% to 93% (national averages ranged from 74% to 97%).

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 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 a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's scores were comparable with local and national averages for satisfaction with consultations with GPs, and above average for satisfaction with consultations nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 91%.
- 79% 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.

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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and and national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and 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; however, this was not advertised in the waiting area.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers, which represented less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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. For example, the CCG issued monthly reports regarding patients who frequently attended local Accident and Emergency (A&E) departments; the practice reviewed these reports and contacted patients who had attended A&E inappropriately to educate them about alternative ways to access medical care. The practice had also consulted with their Patient Participation Group to gather ideas about how to encourage patients to attend alternative out-of-hours services.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice premises was only partly accessible to wheelchair users; however, arrangments were made for patients who were unable to use stairs to be seen in a ground floor consultation room or to be visited at home.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday apart from Wednesday afternoons when the practice was closed (during which time patients could access a GP by telephoning the mobile phone number provided via the recorded message on the practice's answerphone). Extended hours appointments were offered between 6.30pm and 8.00pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

In response to the results of the survey, the practice had recently changed their appointment system to allow patients to book appointments four weeks in advance rather than two and to allow a larger proportion of appointments to be booked online; both staff and patients reported that access to appointments had improved as a result. People told us on the day of the inspection that they were able to get appointments when they needed them and we viewed the practice's appointment system and found that there were pre-bookable appointments available for the following day.

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.

Any requests for a home visit would be noted and a GP would then phone the patient to determine whether a home visit was necessary. 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.

- 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; however, this was not clearly displayed in the patient waiting area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had received five complaints in the past year, and the practice provided us with a summary of these. The summary recorded that all except one of these complaints had been addressed verbally, either in person or by phone, by the principal GP. We looked in detail at the records relating to the one complaint which was responded to in writing and found that it was dealt with in a timely way, with openness and transparency. The complaints summaries detailed learning points from each of the complaints; however, there was no evidence of learning being shared with staff. For example, one complaint was received from a patient who had been kept waiting after their appointment time but was not given an update on the delay by reception staff. One of the learning points was to ensure that reception staff kept patients informed when a member of staff was delayed; however, the two members of reception staff we interviewed were not aware of this incident.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a stated vision to deliver high quality care and promote good outcomes for patients, and whilst it was clear that this was a vision that staff aspired to, it was not always reflected in the way that the practice was run.

- The principal GP had a vision for developing the practice; however, there were no supporting business plans in place.

Governance arrangements

The practice's overarching governance framework was not sufficiently effective to support the development of the practice or the delivery of good quality care.

- Practice specific policies were implemented and were available to all staff; however, in some cases these required review.
- There was no programme of quality improvement including practice initiated audit. Clinical audits were completed under the direction of the CCG's medicines management team, and we saw evidence that these resulted in improvements to the care provided to patients.
- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions; however, in some cases these arrangements were insufficient to keep patients and staff safe, for example, with regards to medicines management, infection control, staff recruitment and arrangements in the event of a fire.

Leadership and culture

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 principal GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept records of written correspondence and they recorded brief details of verbal interactions.

There was a leadership structure in place and overall, staff felt supported; however, there was some ambiguity around the roles and responsibilities of some staff members.

- Staff told us the practice held team meetings every two or three months, but these meetings were not routinely scheduled in advance. We were told the meetings were minuted; however, no notes had been taken from the most recent meeting.
- Staff told us that informal clinical meetings were held when necessary, but no record was kept of these meetings.
- 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 principal GP.

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 gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had consulted with the PPG about the range of online services that it offered and had expanded the online services provided in response to the feedback they received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; for example, reception staff explained that following their suggestion, a reception communications book was introduced, which was used to record messages for staff rather than these being recorded on individual pieces of paper which could be mislaid. Reception staff had also fed back that having one clinical sample collection per day was insufficient and as a result a second collection was introduced. Staff told us they felt involved and engaged to improve how the practice was run.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users: They had failed to ensure that all significant events were fully recorded and that lessons were learned from incidents. They had failed to ensure that medicines and prescription sheets were appropriately stored and that the necessary legal documentation was in place for the administering of medicines. Their arrangements for processing correspondence relating to patients' clinical conditions were unsafe because these were not always viewed by a clinician. They had failed to ensure that patient safety updates and alerts were being acted on. They had failed to ensure that all staff were up to date with mandatory training. Their arrangements for managing the risk of fire were not adequate. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	**How the regulation was not being met:** The provider did not do all that was reasonably practicable to ensure that complete and contemporaneous patient records were maintained. The provider had failed to ensure that policies and procedures were kept up to date. Having completed audits to assess and improve the quality of the service it provided, the provider had failed to embed the changes to ensure continuous improvement. The provider had failed to ensure that learning from complaints was shared with all staff. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** They had failed to follow their own recruitment procedure in relation to the pre-employment checks carried-out on new staff. This was in breach of regulation 19(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.