# Dr Syed Abdi

## 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

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Dr Syid Abdi, known locally as Anfield Group Practice on 23 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, the records made of such events required improvement.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients on the day of the inspection about their care was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback also indicated there were problems with accessing GP appointments but there was good open access to GP appointment each day for urgent and emergency appointments.
- Information about services and how to complain was available but required improvement to be easily understood.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

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- The provider must ensure that full and comprehensive information is available for all staff members including satisfactory documentary evidence of their professional registrations, fitness to practice and records of their completed training.

The areas where the provider should make improvement are:

- The provider should review the system in place for complaints to ensure a full record of the complaint is logged in line with the practice policy.
- Undertake a risk assessment for the need to have oxygen on site in an emergency. According to current external guidance and national standards this equipment should be in place in all practices.
- The records made of the reporting of significant events should ensure the full detail of the event is captured, the investigation is carried out and the learning has taken place.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

**Requires improvement**

The practice is rated as requires improvement for providing safe services. There was a system in place for reporting and recording significant events but improvements were needed to this. We found that where unintended or unexpected safety incidents had occurred, patients received reasonable support information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these. Recruitment processes required improvements. There were safe systems in place for the management of medicines. The practice did not have oxygen therapy available for use in an emergency situation. The information held of staff files required improvement.

**Are services effective?**

**Good**

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

**Are services caring?**

**Good**

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and

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July-September 2015) showed that patient's responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or slightly above average when compared to local and national averages.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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 good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders but the full information held by the practice required improvements.

**Are services well-led?**

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff knew about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active Patient Participation Group (PPG). Staff received inductions, regular performance reviews and attended staff meetings and events.

# 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**

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice has participated in the Avoiding Unplanned Admission enhanced service as proposed by NHSE. This involves co-ordinated working between GPs, practice nurses, district and mental health nurses and wider primary care health team as well as social services and secondary care input to focus on the needs of the vulnerable elderly patients. The practice recently invested in a Pharmacist to provide support to the practice for the review of patient's medicines in particular for older patients. The practice had named GPs for all patients and also specifically for those over the age of 75 years. The Practice offers a variety of health checks for older people specifically memory screening and osteoporosis risk assessments.

**People with long term conditions**

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff were appropriately trained and had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice provided a named GP to ensure continuity of care. They work with outside agencies to ensure patients were supported and receive a high quality of care within the community. These include district nurses, heart failure team and a neighbourhood team made up of both Health and Social care staff. Patients with long term conditions were provided with literature and disease specific information to enable self-management of conditions. For example, patients with lung disorders were given self-management plans and rescue packs of antibiotics in case of exacerbation at home. Care plans were in place for at risk patients which permits information sharing with the wider community team. Initial appointments were made with the GP followed by regular review by the nurses at the practice.

**Families, children and young people**

Good

The practice is rated as good for the care of families, children and young people. Weekly mother and baby clinics for baby and postnatal checks were provided. There were systems in place to

# Summary of findings

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 good 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. For babies and young children up to the age of 5 an appointment to attend was provided at the end of the morning to avoid long waits. Appointments were also available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offers a telephone consultation service every day as well as pre-bookable appointments for morning and afternoon surgeries. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice also used the Electronic Prescribing System, increasing convenience for patients who might work during the day.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

# Summary of findings

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

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and has a mental health register of patients. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

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## What people who use the service say

The results from the National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 408 survey forms distributed and 93 were returned, this is a completion rate of 23% and representative of 1.9% of the practice population. The survey results were at or above the local CCG and national averages. For example;

- 76% of respondents with a preferred GP usually get to see or speak to that GP (CCG average of 58%, national average of 59%).
- 79% of respondents usually wait 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).
- 81% of respondents describe their experience of making an appointment as good (CCG average 76%, national average 73%).
- 92% find the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 81% describe their experience of making an appointment as good (CCG average 76%, national average 73%)
- 91% say the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 88%, national average 86%)
- 99% had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%)

The practice needed to improve in the following areas:

- 74% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%)
- 88% of respondents say the last nurse they saw or spoke to was good at giving them enough time (CCG average 93%, national average 92%)
- 87% of respondents say the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 92%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Positive comments were made about how friendly, caring and supported all staff were and how they had been treated with dignity and compassion. We spoke with nine patients during the inspection. All patients said that they were happy with the care, staff were caring and respectful, though some commented that appointments were hard to get when they were needed.

## Areas for improvement

**Action the service MUST take to improve**

The provider must ensure that full and comprehensive information is available for all staff members including satisfactory documentary evidence of their professional registrations, fitness to practice and records of their completed training.

**Action the service SHOULD take to improve**

The provider should review the system in place for complaints to ensure a full record of the complaint is logged in line with the practice policy.

Undertake a risk assessment for the need to have oxygen on site in an emergency. According to current external guidance and national standards this equipment should be in place in all practices.

The records made of the reporting of significant events should ensure the full detail of the event is captured, the investigation is carried out and the learning has taken place.

# Dr Syed Abdi

**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, practice manager specialist adviser and an Expert by Experience.

## Background to Dr Syed Abdi

Dr Syid Abdi, known locally as Anfield Group Practice is registered with CQC to provide primary care services, which includes access to GPs, family planning, ante and post natal care. The practice is a long established GP practice working in the centre of Liverpool in a newly purpose built and deprived area of the city. The practice has a General Medical Services (GMS) contract with a registered list size of 4617 patients (at the time of inspection). The practice had a high proportion of patients between the ages of 25-34. The practice offers a range of enhanced services including minor surgery, flu vaccinations, timely diagnosis of dementia and learning disability health checks.

The practice has two partners, a nurse clinician, practice nurse and health care assistant, practice and finance manager and a number of administration and reception staff. The practice is a training practice for medical students and doctors in training. The practice provides a minor surgery service to a number of practices across the city. The practice has open access appointment for GPs for urgent cases each morning. Bookable appointments are available daily. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 March 2016. During our visit we:

- Spoke with a range of staff (insert job roles of 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:

# Detailed findings

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

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

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

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

Requires improvement

# Are services safe?

## Our findings

**Safe track record and learning**

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out an analysis of the significant events, these included positive and adverse patient events. We reviewed safety records, incident reports and minutes of meetings where these were discussed. We discussed with staff how lessons were shared to make sure action was taken to improve safety in the practice. However, the records made of such events were brief in detail and did not include the full actions and learning the discussions had confirmed.

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

**Overview of safety systems and processes**

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- 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 arrangements were in place for them to receive a Disclosure and Barring Service check (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 nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, they also employed a pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed five personnel files and found there to be a lack of information to show appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body were not in place for all clinical staff working at the practice.
- There were 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.

**Monitoring risks to patients**

Risks to patients were assessed and well managed.

Requires improvement

# Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office 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 that enough staff were on duty.

**Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises however no oxygen was available for use in an emergency situation. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality 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 96% of the total number of points available, the CCG average being 95% and the national average was 94%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes assessment and care was generally similar to or slightly above or below the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97% compared to 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 88% compared to 78% nationally.
- Performance for mental health assessment and care was higher than the national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98% compared to 84% nationally.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 97% compared to 89% nationally.

Clinical audits demonstrated quality improvement. There had been a number of audits completed across 2015/16 such as medication audits, records audits, and audit of patient discharge information and management of medical conditions such as high blood pressure. Each of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs, palliative care needs and to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

**Effective staffing**

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

Good

# Are services effective?

## (for example, treatment is effective)

Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

The learning needs of staff were identified through a system of 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. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

**Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The practice undertakes minor surgery for a number of other practices across the neighbourhood. We saw that consent forms for surgical procedures were used and scanned in to the medical records. Evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated were also shown to us.

**Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that monthly meeting were held with professionals to review and update their care plans. We saw that patients were then signposted to the relevant service. A dietician was available for the practice with other community health services such as counselling being available in the same building.

The practice's uptake for the cervical screening programme was 76.5%, which was lower than the national average of 81.3%. The practice was aware of this and there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to or below other practices nationally. For example 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 83% to 96% and five year olds from 88% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Good

# Are services effective?

## (for example, treatment is effective)

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

We collected nine patients' comments cards and eight of these were positive about the service experienced. The other card was negative about getting through on the telephone, access to appointment and staff attitude. We spoke with nine patients during the inspection and they told us they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

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 and nurses. For example:

Data from the National GP Patient Survey published in January 2016 showed that patient's responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 91% said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 92% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Areas where the practice needed to improve were:

- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%)
- 88% said the last nurse they saw or spoke to was good at giving them enough time (CCG average 92%, national average 91%).

**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 for this area on 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:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. However there was no patient information or notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. Staff told us that if families had suffered bereavement, their

Good

# Are services caring?

usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 practice had access to counselling services within the same building. The practice brought in support from a community pharmacist to help them identify and improve on the medicines management systems in place at the practice. We were told that same day appointments were available for children and those with serious medical conditions and longer appointments were made for those with complex medical health needs.

**Access to the service**

The practice was open on a Monday 8am to 8pm and Tuesday to Friday 8am to 6.30pm. Appointments were from 8.30am to 6.30pm daily. 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 practice also had an open access system each morning and patients spoke positively to us about this.

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.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 76% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 69%).

Patient feedback on the day of the inspection demonstrated that access to GP appointments was at time difficult. The practice was aware of this and explained they had undertaken a number of initiatives to try to improve this. The most recent one was an automated waiting time response when patients called the practice which had yet to be fully implemented.

**Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system including a complaints leaflet and posters in the patient waiting area. We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. The records showed openness and transparency with dealing with the complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However, the full audit trail of information relating to each complaint was not available and gaps in terms of missing information, such as response letters, were not seen in all of the complaints files.

# Are services well-led?

Good

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

## Our findings

**Vision and strategy**

The practice and all staff were fully committed to the vision of providing high quality, friendly a personal health care to all patients of the practice. Staff understood they part they played in delivering this vision, and had a good understanding of how their work contributed to the overall performance of 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
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

**Leadership and culture**

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us the practice held regular team 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 in doing so and felt supported if they did.

**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 and complaints received. This was a joint effort with other practices in the building and their view was that together the group had a stronger voice. Meetings were held regularly and we saw minutes of these meetings.

Feedback from staff was gathered at the weekly and monthly meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They reported an open culture within the practice and said they had the opportunity to raise any issues at team meetings, they felt confident in doing so and felt supported. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example

# Are services well-led?

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the practice offered a comprehensive minor surgery services to a number of practices across the neighbourhood. The GP had commissioned an external audit of the service and the results showed positive outcomes for patients with a reduction of patients requiring referral to hospital for minor procedures.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br>**Regulation 19: Fit and proper persons employed**<br>The provider did not ensure that full and comprehensive information was available for all staff members including satisfactory documentary evidence of their professional registrations, fitness to practice and records of their completed training.<br>Reg 19 (1) (2) (3) (4) |