

Dr Shabir Ahmad Malik

Quality Report

Kent Elms Health Centre
1 Rayleigh Road, Eastwood
Leigh On Sea
Essex
SS9 5UU

Tel: 01702 529333

Website: <http://www.maliksurgerykentelms.co.uk>

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shabir Ahmad Malik on 12 October 2017. 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 a system in place for reporting and recording significant events. Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- Staff were aware of current evidence based guidance.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect.
- The practice had aims and plans to deliver high quality care and promote good outcomes for patients. Staff

were knowledgeable about the aims and plans and their responsibilities in relation to it. However arrangements to monitor and improve quality and identify risk needed strengthening. For example systems and processes to ensure there were effective systems for infection control, fire safety, medicine management and employment checks.

- Clinical staff had been checked for their immunisation status related Hepatitis B. However at the time of our inspection the practice was unable to confirm the immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974.
- At the time of our inspection we did not see evidence of a system to securely store blank prescription forms and the associated system to monitor their use.
- At the time of our inspection the backup temperature data logger was not in use in the vaccine refrigerator.

Summary of findings

- A fire risk assessment had recommended improvements to the means employed within the practice to give warning of fire and limiting the spread of fire. Both these recommendations had a target completion date of June 2017. At the time of our inspection we did not see evidence that the recommendations had been assessed for implementation or implemented.
- At the time of our inspection the practice could not confirm that medical defence indemnity for professional negligence claims or allegations of malpractice was available for a particular a clinical staff member.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the requirement notice section at the end of the report for more detail).

The areas where the provider should make improvement are:

- Continue to monitor the Quality and Outcome Framework (QOF) exception reporting to ensure all eligible patients receive the national clinical screening programmes.
- Continue to document verbal complaints and include these as part of the overall complaints review.
- Continue to identify and support carers.
- Consider implementing further measures to help the hard of hearing, including the installation of a hearing loop.
- Continue to monitor the recently installed pull cord system in the disabled toilet.
- Review all policy documents so they reflect current effective dates and future review dates.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Clinical staff had been checked for their immunisation status related Hepatitis B. However at the time of our inspection the practice was unable to confirm the immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974.
- At the time of our inspection we did not see evidence of a system to securely store blank prescription forms and the associated system to monitor their use.
- At the time of our inspection the backup temperature data logger was not in use in the vaccine refrigerator.
- A fire risk assessment had recommended improvements to the means employed within the practice to give warning of fire and limiting the spread of fire. Both these recommendations had a target completion date of June 2017. At the time of our inspection we did not see evidence that the recommendations had been assessed for implementation or implemented.
- At the time of our inspection the practice could not confirm that medical defence indemnity for professional negligence claims or allegations of malpractice was available for a particular a clinical staff member.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There were arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Latest data from the Quality and Outcomes Framework 2015 – 2016 showed patient outcomes were comparable with or above average compared to the national average. For example the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 94%, compared to the CCG and national average of 90%.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the most recent national GP patient survey published July 2017 showed patients rated the practice higher than others for several aspects of care. Patients were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. For example 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified patients who were also carers. GPs and the practice nurse helped ensure that the various services available to support carers were coordinated and effective.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For

Summary of findings

example the practice had been instrumental in developing the community phlebotomy service which had benefited patients in attending the practice for their blood tests avoiding the need to attend the local acute hospital.

- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment. For example, 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- Patients we spoke with 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.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Are services well-led?

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

- The practice had aims and plans to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about the aims and plans and their responsibilities in relation to it. However arrangements to monitor and improve quality and identify risk needed strengthening. For example systems and processes to ensure infection control fire safety, prescription management and employment checks.
- There was a 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.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group (PPG).

Good



Summary of findings

- There was a focus on continuous learning and improvement at all levels.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example diabetes care and palliative care.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients over 75 had a named accountable GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Patients living in care homes and registered with the practice were supported by the GPs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example eligible older people were offered flu and shingles vaccines.

People with long term conditions

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

Good



- GPs supported by nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national averages. For example the practice achieved 92% compared to the CCG average of 80% and the national average of 90%.
- The practice provided specialist clinics for diabetes, and asthma.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 79%, compared to the CCG and the national average of 81%.
- Appointments were available outside of school hours.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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 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.
- Telephone consultations and late evening appointments were available which supported patients who were unable to attend the practice during normal hours.

Good



Summary of findings

- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- 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.

People whose circumstances may make them vulnerable

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

Good



- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- The practice identified patients who were also carers and signposted them to appropriate support. The practice had identified 25 patients as carers which equated to less than 0.75% of the practice list. The GPs and the practice nurse helped ensure that the various services supporting carers were coordinated and effective.
- The practice offered carers health checks and flu vaccinations.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% where the CCG average was 81% and the national average was 84%.

Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% where the CCG average was 83% and the national average was 89%.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access a number of support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2017. The results showed the practice was performing in line with local and national averages. 257 survey forms were distributed and 106 were returned. This represented 41% return rate (approximately 3% of the practice's patient list).

The results showed:

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 73% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Thirty four of the 38 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted that their care experience was good and that the practice staff had looked after their needs in a friendly and cheerful way. Staff in the main had listened to them and had cared for them with dignity and respect. GPs had been attentive and supportive to patient needs. Three comment cards noted that the receptionists could sometimes come across as abrupt and unsympathetic. One comment card noted the décor of the practice could be improved.

We spoke with five patients during the inspection. They told us the care received had been entirely professional and caring. Comment cards highlighted that staff responded sympathetically when they needed help and provided support when required.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the requirement notice section at the end of the report for more detail).

Action the service **SHOULD** take to improve

- Continue to monitor the Quality and Outcome Framework (QOF) exception reporting to ensure all eligible patients receive the national clinical screening programmes.

- Continue to document verbal complaints and include these as part of the overall complaints review.
- Continue to identify and support carers.
- Consider implementing further measures to help the hard of hearing, including the installation of a hearing loop.
- Continue to monitor the recently installed pull cord system in the disabled toilet.
- Review all policy documents so they reflect current effective dates and future review dates.

Dr Shabir Ahmad Malik

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Dr Shabir Ahmad Malik

Dr Shabir Ahmad Malik situated at Kent Elms Health Centre, 1 Rayleigh Road, Eastwood, Leigh On Sea, Essex is a GP practice which provides primary medical care for approximately 3,468 patients living in Eastwood and the surrounding areas.

Dr Shabir Ahmad Malik provide primary care services to local communities under a Personal Medical Services (PMS) contract, which is a locally agreed contract between general practices and NHS England. The practice population is predominantly white British along with a small ethnic population of Asian and Eastern European origin.

There is a principal GP (male) who is supported by three locum GPs (female). There is a practice nurse. There is a practice manager who is supported by a team of administrative and reception staff.

The practice operates out of a single storey building which is shared with two other practices. There is a car park outside with adequate disabled parking available.

The practice is open Monday to Friday from 8am until 6.30pm. Extended opening is available on Monday and Thursday until 7.30pm.

When the practice is closed services are provided by Integrated Care 24 Limited via the 111.

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 inspecting, 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 inspection on an announced visit on 12 October 2017. During our inspection we:

- Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being assisted.
- 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?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- The staff we spoke with told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed a sample of two from the three documented significant events and found that when things went wrong with care and treatment, the patient was informed of the incident as soon as reasonably practicable, received support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again. For example we saw the practice had contacted a patient whose specimen had not been processed by the laboratory due to a labelling error with an apology explanations and reassurance that a new specimen would be sent for analysis.
- We saw that significant events were discussed and reviewed as soon as reported with action points noted. Learning points were shared through staff meetings which were held every three months with minutes kept on the practice computer drive. Specific changes were also communicated individually to staff by the principal GP and or the practice manager.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, following an incident concerning non collection of blood samples by the laboratory courier service we saw that the practice in conjunction with the laboratory courier service had reviewed and strengthened their process for sample transportation and had ensured staff were refreshed with the correct process in the event of future non collection.
- Patient safety alerts and MHRA (Medicines and Healthcare Regulatory Agency) alerts were received into the practice by the practice manager and disseminated

to the appropriate staff for action. We noted appropriate actions were taken following receipt of alerts. For example we reviewed a patient safety alert related to a medicine used to treat complex and partial seizures and found that the practice had taken appropriate steps to identify affected patients and take action as advised by the alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A designated GP was the lead for safeguarding. The GPs provided reports, attended safeguarding meetings and shared information with other agencies where necessary. The health visitor currently did not attend the regular multidisciplinary team meetings however any concerns or the care of vulnerable children were discussed with the health visitor through regular telephone contact. The electronic patient record had a marker to alert staff to a patient with safeguarding needs.
- Staff demonstrated they understood their responsibilities. For example we saw that a GP had referred a concern about a family to the local authority and had worked with the local authority and the local hospital to ensure their safety. Staff had received the appropriate level of safeguarding training for their role. GPs were trained to the appropriate level to manage child (level 3) and adult safeguarding.
- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a risk assessment for the need of 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).

We reviewed the standards of cleanliness and hygiene.

Are services safe?

- The premises are shared with two other practices. The practice had two consultation rooms and a shared treatment room which was used by the practice nurse.
- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The principal GP assisted by the practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We saw that all applicable staff had been checked for their immunisation status related Hepatitis B. However at the time of our inspection we were not shown evidence related to the immunisation status of applicable clinical and non clinical staff in relation to other immunisations recommended by the Health and Safety at Work Act 1974.

We reviewed the arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We checked patient records for patients receiving high risk medicines and found that they had received the appropriate monitoring to ensure safe prescribing. We noted that in relation to one patient currently being monitored by the acute hospital the appropriate monitoring was overdue and saw that the practice had been in touch with the patient to ensure that they attended the hospital for the required tests.
- The practice carried out regular medicines audits, independently and with the support of the NHS Southend CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, the practice had worked with the CCG to achieve optimisation of prescribed medicines for patients that received oral medicine to treat epilepsy and related conditions.

- At the time of our inspection we did not see evidence of a system to securely store blank prescription forms and the associated system to monitor their use. After our inspection the practice wrote to us and confirmed a system had now been introduced to securely store and monitor the use of blank prescription forms.
- Vaccines used for immunisations were stored in a vaccine refrigerator. Vaccine temperatures were recorded appropriately. However at the time of our inspection the backup temperature data logger was not in use. The practice manager told us that the data logger had malfunctioned the previous week and had been returned to the supplier for a repair and or replacement.
- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However on the day of our inspection the practice could not confirm that medical defence indemnity for professional negligence claims or allegations of malpractice was available for a member of the clinical staff.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- We reviewed a recent fire risk assessment which recommended improvements to the means employed within the practice to give warning of fire and limiting the spread of fire. Both these recommendations had a target completion date of June 2017. On the day of the inspection we did not see evidence that the recommendations had been assessed for implementation or been implemented.
- The practice carried out regular fire drills. There was a designated fire marshal within the practice. There was a fire evacuation plan which identified how staff could support patients to vacate the premises.

Are services safe?

- All electrical and clinical equipment had been checked and calibrated to ensure it was safe to use.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The rota system allowed staff to book leave and other planned absence as well as arrange cover for unplanned absence. The practice used regular locum staff. Locum packs were available that contained information about the practice and the locality. The practice had a system to support locums including buddy arrangements so a locum could liaise with a GP should there be a need. The practice had a buddy system with another local practice which provided holiday home visit and emergency cover when the principal GP was not available.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator but had completed a risk assessment which stated that patients would receive appropriate resuscitation until the emergency services arrived. Oxygen with adult and children's masks was available on site.
- 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 comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. These included the use of clinical tools available on the electronic patient records. Relevant guidance and changes in practice were discussed during regular educational meetings. For example we saw that the practice had discussed the guidelines related to the diagnosis and management of headaches in young people aged 12 years and older and adults so all clinicians were aware of the recommended targeted treatment to improve their quality of life and to reduce unnecessary investigations.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example the practice used the referral pathways and templates to monitor patients with asthma.

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 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 95%.

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the local and national averages. The practice achieved 92% of available points, with 12% exception reporting, compared to the CCG average of 80%, with 10% exception reporting, and the national average of 90%, with 12% exception reporting.

(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).

For example the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the in the preceding 12 months was 80%, compared to the CCG average of 76% and the national average of 78%. Exception reporting for this indicator was 15% compared to a CCG average of 10% and the national average of 13%.

- Performance for mental health related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 21% exception reporting, compared to the CCG average of 87%, with 10% exception reporting, and the national average of 93%, with 11% exception reporting.

For example the percentage of patients with diagnosed psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% where the CCG average was 83% and the national average was 89%. Exception reporting for this indicator was 23% compared to a CCG average of 10% and national average of 13%.

- Performance for dementia related indicators was comparable to the local and national averages. The practice achieved 100% of available points, with 39% exception reporting, compared to the CCG average of 93%, with 12% exception reporting, and the national average of 97%, with 13% exception reporting.

For example the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% where the CCG average was 81% and the national average was 84%. Exception reporting for this indicator was 31% compared to a CCG average of 6% and national average of 7%.

We reviewed the exception reporting and found that the practice had made every effort to ensure appropriate decision making including prompting patients to attend for the relevant monitoring and checks. Discussions with the lead GP showed that procedures were in place for exception reporting as per the QOF guidance and patients were reminded to attend three times and had been contacted by telephone before being subject of exception.

Are services effective?

(for example, treatment is effective)

Further the principal GP told us that the higher than average exception reporting in some clinical indicators could be attributed to coding errors. We checked the unverified exception reporting for the current year and found no exceptions had been made so far.

There was evidence of quality improvement including clinical audit:

- We looked at three clinical audits undertaken in the past two years; two of these were completed audit where the improvements made were implemented and monitored. A system was in place to ensure re auditing took place on a rolling programme.
- The practice participated in local audits, national benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example following a re audit of patients diagnosed with myocardial infarction (heart attack) the practice had implemented appropriate treatments which showed a 50% drop in patients suffering the same event in the second year.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety governance 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 such as diabetes and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals 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 ongoing support, and support for revalidating GPs and nurses. All staff had received an annual appraisal in the past 12 months. Staff we spoke with confirmed this was a positive productive experience.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients with palliative care needs to other services including with the out of hours service and community nursing services.
- There was a process to communicate with the district nurse and health visitor.
- The pathology service were able to share patient clinical information and results electronically.
- There was a system to review patients that had accessed the NHS 111 service and those that had attended the A&E department for emergency care.
- There was an information sharing system to review patients attending for Urgent Care provided by Integrated Care 24.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Regular meetings took place with other primary health care professionals when care plans were routinely reviewed and updated as needed.
- 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

Are services effective?

(for example, treatment is effective)

plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition, those patients with mental health problems and patients with learning difficulties were offered regular health reviews and signposted to relevant support services.
- We saw a variety of health promotion information and resources both in the practice and on their website. For example the practice provided a direct link through their website to the NHS Choices web pages on 'Your health, your choices' which provided information on conditions and treatments.

- The practice's uptake for the cervical screening programme was 79%, compared to the CCG and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. 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 consequence of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Results showed:

- 65% of females, aged 50-70 years, were screened for breast cancer in last 36 months compared to the CCG average of 72% and the national average of 73%.
- 57% of patients, aged 60-69 years, were screened for bowel cancer in last 30 months compared to the CCG average of 53% and the national average of 58%.

Childhood immunisation rates for vaccinations given were above national averages. The practice exceeded the national target of 90% in four out of the four indicators for childhood immunisations given to under two year olds.

For five year olds, the practice achieved an average of between 83% and 94% (national averages ranged between 88% and 94%) for MMR vaccinations.

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. In the year 2016/17, the practice had undertaken 67 health checks against the eligible 1022 patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Patients could be treated by a clinician of the same sex.

34 of the 38 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients noted that their care experience was good and that the practice staff had looked after their needs in a friendly and cheerful way. Staff in the main had listened to them and had cared for them with dignity and respect. GPs had been attentive and supportive to patient needs. Three comment cards noted that the receptionists could sometimes come across as abrupt and unsympathetic. One comment card noted the décor of the practice could be improved.

We spoke with two members of the patient participation group (PPG) (PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We also spoke with three patients. They told us the care received had been entirely professional and caring. Comment cards highlighted that staff responded sympathetically when they needed help and provided support when required.

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

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 86%
- 97% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

Are services caring?

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

The practice was aware of the lower rating for the GP involving patients in decisions about their care. The principal GP told us that this was being reviewed through the support of regular peer review meetings with a GP at an adjoining practice.

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

- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us that interpretation services were available for patients who did not have English as a first language.
- An e referral or the Choose and Book service was used with patients as appropriate. (Choose and Book is a

national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Written information was given to the patient following a referral.

Patient and carer support to cope emotionally with care and treatment

Patient information was available in the patient waiting area as well as on the practice website which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers which equated to less than 0.75% of the practice list. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. However at the time of our inspection this staff member was unavailable and this function was provided by the GPs and the nurse. New carers were invited to complete a carer registration form and were provided with written information about support available to them. The practice offered carers health checks and flu vaccinations.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice was open Monday to Friday from 8am until 6.30pm.
- The practice provided a ring back service by a duty GP or a nurse at the patient's request where appropriate.
- There were longer appointments available for patients with a learning disability and others with complex needs.
- Home visits were available by a GP for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients over 75 had a named accountable GP.
- Patients living in care homes and registered with the practice were supported by the GPs.
- The practice offered flu and shingles vaccines for older people and other people at risk who needed these vaccinations.
- The practice provided specialist clinics for diabetes and asthma.
- There was a system to identify patients at risk of hospital admission that had attended A&E or the out of hours service and these patients were regularly reviewed to help them manage their condition at home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone consultations and evening appointments were available which supported patients who were unable to attend the practice during normal hours.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice had access to translation services.
- The practice had a toilet accessible to the disabled patient but there was no pull cord to summon help in the event of the patient needing assistance. After our inspection the practice wrote to us to confirm arrangements had been made to install an electric pull cord.

- Reception staff told us that they would offer a private room to help the hard of hearing communicate with them. The practice did not have a hearing loop installed.
- Online services were available for booking appointments and request repeat prescriptions.
- Through the Electronic Prescribing System (EPS) patients could order repeat medicines online and collect the medicines from a pharmacy near their workplace or any other convenient location.

Access to the service

The practice was open Monday to Friday from 8am until 6.30pm. The practice offered extended opening on Monday and Thursday until 7.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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.

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared with the CCG average of 63% and the national average of 71%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 82% and the national average of 84%.
- 93% of patients said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%.
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

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

The practice had a system to assess:

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would speak to a member of the clinical duty team or a GP. Home visit requests were referred to a GP who assessed and managed them as per clinical needs.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- practice manager was the designated responsible person who handled all complaints.

- We saw that information was available to help patients understand the complaints system. For example, complaints leaflets were available at the reception desk and there was information on the practice website.

We looked at a sample of the three complaints received in the last 12 months and found these had been handled and dealt with in a timely way with openness and transparency. The practice maintained a record of verbal complaints. However we noted no entries had been made in the past year. Lessons were learned from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint regarding a clinical examination the practice had responded to the complainant giving support and an explanation. We also saw that the practice had offered an apology.

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 had a set of values to ensure patients experienced effective and appropriate personalised care and treatment which included:

Protecting patients from abuse or the risk of abuse, respecting their human rights and treating them with dignity and respect.

Being compliant with legislation and using recognised best practice guidance.

Providing evidence based diagnostic and treatment services which supported health improvement programmes, improved health outcomes and minimised unnecessary admissions to secondary and tertiary care.

Taking account of people's views and experiences in the way the care was provided and delivered.

Individualised assessments and plans of care treatment and support that were based on patient need choices and preference.

Partnership working with patients and across the health and social care and voluntary sector services.

Employing a workforce that was fit, appropriately qualified and physically and mentally able to provide care.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care however we found a lack of evidence to support some areas of governance infrastructures and strategic arrangements to monitor y risk needed strengthening.

For example:

- At the time of our inspection we were not shown evidence related to the immunisation status of applicable clinical and non clinical staff in relation to other immunisations (other than hepatitis A) recommended by the Health and Safety at Work Act 1974.
- At the time of our inspection we did not see evidence of a system to securely store blank prescription forms and the associated system to monitor their use.

- At the time of our inspection the practice could not confirm that medical defence indemnity for professional negligence claims or allegations of malpractice was available for a particular a clinical staff member.
- A fire risk assessment had recommended improvements to the means employed within the practice to give warning of fire and limiting the spread of fire. Both these recommendations had a target completion date of June 2017. At the time of our inspection we did not see evidence that the recommendations had been assessed for implementation or implemented.

However we saw evidence that:

- There was a staffing structure and that staff were aware of their own roles and responsibilities. The principal GP and the nurse had lead roles in key areas. For example the principal GP led on diabetes prescribing and palliative care and the practice nurse supported by the principal GP led on asthma and immunisations.
- Practice specific policies were implemented and were available to all staff. However we noted that the validity and review dates on some needed updating.
- There was an understanding of the performance of the practice. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice. The principal GP and the practice manager operated an open door policy which allowed effective communication between staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The practice prioritised safe, high quality and compassionate care. Staff told us the GPs and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included

Are services well-led?

Good 

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

support training for all staff on communicating with patients about notifiable safety incidents. The principal GP and practice manager encouraged a culture of openness and honesty.

We saw two documented examples from the past 12 months that we reviewed and found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people support and explanation.
- They kept written records of verbal interactions as well as written correspondence.

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs liaised with the health visitors by telephone as needed to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings four times a year but as the practice team was small staff were able to have regular day to day conversations with the principal GP and the practice manager as needed.
- 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. We noted team meetings as part of the Time To Learn (TTL) meetings were held ten times a year which provided an opportunity for staff to learn about the performance of the practice as well as learning on specific learning.
- 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 principal GP and the practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The patient participation group (PPG). We spoke with two members. They told us the PPG had been instrumental in helping the practice to make several improvements. For example the PPG had worked with the practice to make improvements to the practice car park, introduced lockable toilets to prevent vandalism. Other initiatives had included working with the practice to reduce patients that do not attend booked appointments. They had also developed a newsletter which gave important information about services available at the practice. For example the latest newsletter gave information about requesting repeat medicines including the need to attend a medicine review should this be requested by the practice, and reminding patients to attend booked appointments in order to reduce those that do not attend.
- The NHS Friends and Family test, complaints and compliments received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

The practice had been instrumental in developing the community phlebotomy service which had benefited patients in attending the practice for their blood tests avoiding the need to attend the local acute hospital.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ol style="list-style-type: none">1. The service provider did not have evidence to confirm the immunisation status of applicable clinical and non clinical staff in relation to other immunisations (other than hepatitis B) recommended by the Health and Safety at Work Act 1974.2. The service provider did not operate a system to securely store blank prescription forms and the associated system to monitor their use.3. The service provider had failed to maintain a working backup temperature data logger in the vaccine refrigerator.4. The service provider had not acted on the recommended improvements following a fire risk assessment to the means employed within the practice to give warning of fire and limiting the spread of fire.5. The service provider could not confirm that medical defence indemnity for professional negligence claims or allegations of malpractice was available for a particular a clinical staff member. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>