Darlaston Medical Centre Dr Ali and Dr Syed Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Darlaston Medical Centre Dr Ali Surgery on 9 August 2016. Overall, the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, the recording and analyses of investigations were not thorough enough. For example, although lessons learned and actions to mitigate risks of further incidents was discussed during practice meetings completed incident forms did not include subsequent actions the practice intended to take to reduce the risk of recurrence.
- Safeguarding policies and processes were in place however, they were not consistently followed. For example, the practice process for following up children who had not attended hospital appointments was not always followed.
- Some systems were in place to assess and manage risks to patients, with the exception of risks associated with the premises; and in the absence of some medicines to treat certain medical emergencies the practice had not carried out a risk assessment.
- Patients in receipt of medicines, which required closer monitoring, were not always receiving a review of their treatment in line with prescribing recommendations.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Staff had access to training and support to ensure they maintained the required skills, knowledge and experience.
- Clinical audits demonstrated sustained quality improvement and the practice participated in local pilots.

Summary of findings

- The national GP survey showed patients' responses varied on some aspects of care. Patients spoken with on the day said they were treated with compassion, dignity and respect. Patients felt involved in their care and decisions about their treatment. Completed Care Quality Commission comment cards were consistent with these views.
- On the day of the inspection patients said, they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the national average.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- In the absence of some emergency medicines, the practice must carry out a risk assessment in order to mitigate potential risks.
- Implement an effective system to improve the monitoring of high-risk medications and ensure reviews are carried out as part of, and align with, patients care and treatment plans and published guidance.
- Ensure the practice safeguarding procedures are followed to ensure where appropriate staff are following up children who had not attended hospital appointments.
- Establish and operate an effective system to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk, which arise from the carrying on of the regulated activity. For example, the practice must gain assurance that an appropriate legionella assessment and identified actions has been carried out.

The areas where the provider should make improvement are:

- Consider how clinical audit cycles may further improve patient outcomes.
- Continue to liaise with the property owners to gain assurance that identified building repairs are carried out to completion.
- Continue reviewing the uptake of childhood immunisations and consider ways to further promote.
- Consider how in the absence of a hearing loop they ensure effective communication with patients with hearing difficulties.
- Consider how maintaining a record of verbal complaints and recording actions taken can support further learning.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Patients received a verbal and written apology. Individual safety incidents were analysed and discussed during practice meetings to identify actions required to mitigate risks of further incidents; however, we saw that completed incident forms did not include the same level of detail.
- Processes were in place for obtaining, recording, handling repeat prescriptions; however, we saw gaps in the following of these processes. For example, patients in receipt of medicines, which required closer monitoring, were not always receiving a review of their treatment in line with prescribing recommendations.
- The practice did not have adequate arrangements in place to respond to emergencies and major incidents, for example, the practice had not carried out a
- Although the practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded the practice were not always following up children who had not attended their hospital appointments.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.
- There were actions in place following a previous infection control audit. Although the practice took appropriate action, there were outstanding property owner related actions.
- Although risks to patients who used services were assessed, the systems and processes to monitor these risks were not thorough enough. For example, had not carried out a legionella risk assessment, (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).

Are services effective?

Good

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance. The practice had a system to ensure clinical staff were updated on both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated sustained quality improvement. The practice also participated in local pilots.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff communicated as a team to deliver personalised care to patients.
- We saw evidence of appraisals and personal development plans for all staff. Those we spoke with demonstrated confidence in using appraisals as an opportunity to progress.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

- Data from the national GP patient survey published 7 July 2016 showed mixed views on how patients rated the practice for several aspects of care.
- Patients interviewed on the day said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. This was consistent with completed Care Quality Commission comment cards.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff told us that if families had suffered bereavement their usual GP contacted them to offer support.
- The practice held a carers' list, and carers had access to health check and advice to enable them to maximise their own health needs.

Are services responsive to people's needs?

Good

- The national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below national average. The practice identified issues with their phone system and was actively attempting to rectify the problems.
- The practice had good facilities and was well equipped to treat patients and meet their needs however there were areas, which required attention. The practice had carried out a review of their compliance with the Equality Act and had identified actions to make reasonable adjustments to their premises, including handrails and ramp access. This was work in progress.

Summary of findings

- Information about how to complain was available and easy to understand. The practice reported no complaints received in the last 12 months; however, meeting minutes reviewed on the day showed discussions regarding verbal complaints received. There was no evidence that verbal complaints were analysed to identify trends.
- Staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. The practice nurses engaged with the community health care team and school nurses in the management of child asthma.

Are services well-led?

Requires improvement

- 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 practice meetings. There was an overarching governance framework, which supported the delivery of the strategy and good quality care, however in some areas appropriate risk assessments had not been undertaken.
- Some risks to patients were not being identified and mitigated. This included child safeguarding, the management of significant events and handling complaints to identify improvement areas.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The patient participation group (PPG) was active (PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of 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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Patients were offered longer appointments if required and at a time to suit their needs.
- The practice arranged a medicine delivery service with pharmacists to housebound patients.
- The practice carried out admission avoidance planning and were engaged in multidisciplinary team meetings with district nurses and palliative care team to discuss specific patients.
- Clinical staff carried out home visits to care homes when necessary. Annual residential/care home visits were carried out by the practice nurse and pharmacist for all patients.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 70% had a specific blood glucose reading within acceptable range in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 87%, compared to CCG average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.

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 those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Registers were in place for patients with long term conditions, which supported the recall of patients for reviews. Where necessary referrals were made to Community Matron Team.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. However we saw examples of where following, a hospital admission appropriate follow up had not taken place.
- Immunisation rates were to local and national averages for all standard childhood immunisations.
- Staff we spoke to 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. Clinical staff showed a clear understanding of Gillick competence and Fraser guidelines. Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment.
- Quality monitoring indicators showed that the practice's patient uptake of cervical screening was comparable to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice provided family planning services and post-natal reviews for mothers and babies.
- Family planning services were available at the practice and same day appointments for emergency contraceptives.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Minor illness clinics were also available with the nurse practitioner, and the practice website provided a self-help section with answers to common health questions.
- Patients could attend a travel advice clinic with a practice nurse and vaccinations were available at the practice.
- The practice offered a range of screening and health promotions to meet the needs of working age people. Data provided by the practice showed that 25% of working age patients have had their blood pressure reading so far this year.

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances for example those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Patients considered to be at risk had personalised care plans.
- Practice staff were multilingual and also offered patients access to translation services where required.
- Staff we spoke to 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)

Requires improvement 

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

- 77% of patients diagnosed with dementia at the practice had their care reviewed in a face-to-face meeting in the last 12 months, which was comparable to the national average.
- 84% of patient with a mental health related problem had a comprehensive agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015), this was comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Staff we spoke to told us that they told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- We were told that patients with complex are needs were discussed amongst the clinicians in order to better respond to their needs. Patients had access to weekly Community Psychiatric Nurse clinics.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff we spoke to had a good understanding of how to support patients with mental health needs and dementia. We saw that a number of the practice staff received dementia training.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed variations in how the practice was performing compared to local and national averages. Two-hundred and eighty-six survey forms were distributed and 113 were returned. This represented a 40% completion rate.

- 56% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 73% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards, which were mainly positive about the standard of care received. For example, patients felt well looked after and valued by the GP, they said staff were caring, polite, understanding and provided an excellent service. Patients felt that they were listened to, treatment was always explained and they felt that they were treated with dignity and respect. However, there were less favourable comments about appointment availability.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We were told that practice had a family focused approach. Results from the July 2016 NHS Friends and Family Test identified 80% of patients would recommend Dr Ali surgery to friends and family.

Areas for improvement

Action the service MUST take to improve

- In the absence of some emergency medicines, the practice must carry out a risk assessment in order to mitigate potential risks.
- Implement an effective system to improve the monitoring of high-risk medications and ensure reviews are carried out as part of, and align with, patients care and treatment plans and published guidance.
- Ensure the practice safeguarding procedures are followed to ensure where appropriate staff are following up children who had not attended hospital appointments.
- Establish and operate an effective system to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk, which arise from the carrying on of the regulated activity. For example, the practice must gain assurance that an appropriate legionella assessment and identified actions has been carried out.

Action the service SHOULD take to improve

- Consider how clinical audit cycles may further improve patient outcomes.
- Continue to liaise with the property owners to gain assurance that identified building repairs are carried out to completion.
- Continue reviewing the uptake of childhood immunisations and consider ways to further promote.
- Consider how in the absence of a hearing loop they ensure effective communication with patients with hearing difficulties.
- Consider how maintaining a record of verbal complaints and recording actions taken can support further learning.

Darlaston Medical Centre Dr Ali and Dr Syed Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC), Lead Inspector**.** The team included a GP specialist adviser and a Practice Manager specialist advisor.

Background to Darlaston Medical Centre Dr Ali and Dr Syed Surgery

Dr Ali Surgery also known as Darlaston Medical Centre is located in Walsall West Midlands situated in a purpose built building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Darlaston Medical Centre are below the national average, ranked at two out of 10, with 10 being the least deprived. The practice serves a higher than average patient population aged between zero to 49, below average for ages 50 to 74 and above average for 75 to 84.

The patient list is approximately 4,020 of various ages registered and cared for at the practice. Services to patients are provided under a Personal Medical Service (PMS) contract with the Clinical Commissioning Group (CCG). PMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Parking is available for cyclists and patients who display a disabled blue badge. The surgery has manual operated entrance doors, step free access and is accessible to patients using a wheelchair.

The practice staffing comprises of two male and one female GP, two specialist nurse prescribers (Independent Prescribers), one Health Care Assistant (HCA), one practice manager, one administrator, nine receptionists and two secretaries.

The practice is a registered teaching practice for trainee nurses and the lead GP mentors allied medical students.

The practice is open between 8am and 6:30pm Mondays, Tuesdays, Wednesdays and Fridays. Thursday opening hours are from 8am to 4pm.

GP consulting hours are from 8:30am to 1pm and 3:30pm to 6pm on Mondays, Tuesdays, Wednesdays and Fridays. Thursday GP consulting hours are from 8:30am to 1pm. Services are provided by WALDOC during in-service closure times. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Primecare.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 August 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice provided a review of their significant events; however, we saw gaps in the analysis of incidents.

- Staff we spoke to 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 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes and to prevent the same thing happening again.
- The practice carried out yearly analysis of their significant events, which included a record of what happened and learning points. The practice discussed individual incidents and actions required during their practice meetings. However, we saw that completed incident reporting forms did not include an analysis of individual incidents or actions required to reduce the risks of the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence where lessons were shared and action was taken to improve safety in the practice. For example, we saw actions taken to manage challenging patients; the practice reviewed their policies and implemented new processes to manage risks when presented with aggression and confrontation.

The practice had system in place to ensure they complied with relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). For example, there were systems in place for receiving and distributing alerts, which were accessible to all staff in paper form and electronically. The practice were up to date with all the latest alerts. We were provided with evidence of alerts received and actions taken, for example following an alert regarding the use of Valproate during pregnancy (a medication used to treat epilepsy) we saw that the practice identified affected patients and appropriate actions were taken. We saw proactive joint working with the pharmacy team who carried out regular medication reviews and monitored the practice prescribing.

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; however, policies were not always being followed. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all clinical and non-clinical staff had received training on safeguarding children and vulnerable adults relevant to their role.
- Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about children's' welfare. We saw evidence of proactive engagement with local authorities when vulnerable children relocated to different local authorities; however, the practice was not always following up children who failed to attend hospital appointments. Following the inspection the practice provided data, which showed that over half missed appointments had been followed up appropriately. The practice also told us that they were taking immediate actions to strengthen their processes for example, implementing new protocols to ensure prompt follow up of at risk children who had missed scheduled appointments.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Inadequate

Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. During the inspection, we observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with 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. An infection control audit had been carried out by Walsall infection control team in May 2015 where the practice scored 87 out of a possible 100. We were told that the audit identified gaps in the thoroughness of general cleaning and damaged tiles in staff toilets. We saw that actions were taken to address most improvements identified and the practice had escalated general cleaning concerns with the cleaning contractors. A further infection control audit had been carried out in August 2016 and the practice were awaiting the results.
- We saw gaps in some of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice. Processes were in place for obtaining, recording, handling repeat prescriptions, security and disposal. Although the practice received support from the local medicines management teams to ensure prescribing was in line with best practice guidelines for safe prescribing there were gaps in actions taken. For example, patients in receipt of medication, which required closer monitoring, were not always well managed. We saw some examples of treatment reviews carried out on patients who were prescribed high-risk medicines such as ACE inhibitors (medicines used to treat high blood pressure) were overdue. Following the inspection, we were told that new protocols would be implemented and clinical staff would make better use of electronic patient recording systems. For example, the new protocol would include regular patient searches to improve the monitoring of high-risk medications.
- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed with the exception of the management of legionella, (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and the management of risks in the absence of some emergency medications.

- 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, we were told that the practice carried out fire drills however when asked we were told that drills were not being logged. We saw that all electrical equipment was checked by an electrical contractor 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. However, the management of legionella was not thorough enough. For example, the practice carried out a self-assessment five days prior to the inspection. Staff we spoke to told us that the practice had arranged for an external contractor to carry out a full legionella risk assessment. Following the inspection the practice provided a copy of their proposal for an external contractor to carry out the appropriate water safety risk assessment. The practice also provided evidence of a proposal from an external contractor for the carrying out of appropriate safety checks and recommended compliance work.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure

enough staff were on duty. We were told that staff would cover additional sessions at busy periods. The practice manager monitored annual leave requests; we were told that the practice had used one locum GP in the last 12 months.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents with the exception of a sufficient supply of emergency medication.

- 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. However, we saw that in the absence of medication to enable staff to respond to epileptic fits, acute or severe asthma; severe or recurrent anaphylaxis (an allergic reaction) the practice had not carried out a risk assessment to mitigate risks.
- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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. The practice kept a copy on site and staff were issued with a copy to take home.

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 patients' 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 showed the practice had achieved 95% of the total number of points available; this was comparable to national average of 95%. Exception reporting for clinical domains (combined overall total) was comparable to CCG and national average (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 8%, compared to CCG average of 8% and national average of 9%.

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

- Performance for diabetes related indicators was similar to the national average. For example, 70% had a specific blood glucose reading within acceptable range in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 87%, compared to CCG average of 96% and national average of 94%.
- Performance for mental health related indicators was above the national average. For example, 84% compared to the national average of 88%.

Exception reporting for the following domains were higher than CCG and national average. For example, depression was 45% compared to CCG average of 23% and national average of 25% and dementia was 18% compared to CCG average of 6% and national average of 8%. When asked staff we spoke with told us that they were aware of this and had been working to improve engagement with patients to encourage attendance at health reviews. The practice's approach was to send three letters of invitation for a review to patients and operated a call and recall system, exception reporting any who did not engage. The QOF lead reviewed registers yearly and targeted identified areas such as dementia coding. Unverified data for the year 2015/16 provided by the practice following the inspection showed exception reporting rates for depression had reduced to17%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of five clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice carried out a search to identify patients who required Calcium and Vitamin D therapy. The patients identified were then contacted and were offered appropriate treatment. The practice implemented changes in their practice and introduced an annual audit cycle to help maintain adequate treatment levels. A further re-audit the following year identified an effective change in practice.

Information about patients' outcomes was used to make improvements. For example, the practice work with the pharmacy team to review their antibiotic prescribing as it was higher than national averages. The practice identified that having an elderly population and patient beliefs had an impact on their levels of antibiotic prescribing. The practice offered education to increase awareness on

increased antibiotic resistant bacteria in both verbal and written form. The practice also opportunistically reviewed patients. Re-audits carried out the following year showed a reduction in antibiotic prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The practice maintained a spreadsheet of what training staff had completed. Staff were also mindful of the value of lifelong learning. We saw that staff communicated as a team to ensure patients had access to personalised care.
- 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. Practice nurses maintained regular contact with the local nursing network to share good practice.
- 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 ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and staff we spoke with demonstrated confidence in using appraisals as an opportunity to progress.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals within sufficient periods where care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves.
- The practice obtained verbal consent for procedures such as intimate examinations.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We were told that 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 process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. The practice maintained registers of specific patient groups to monitor treatment and direct them to the relevant services. For example, patients requiring advice on

Good

Are services effective?

(for example, treatment is effective)

their diet, smoking cessation, alcohol or opiate replacement therapy were signposted to the relevant service. Data provided by the practice showed that 98% of patients who smoked had received smoking cessation advice and 10% had stopped smoking as a result. Longer appointments were available for patients with long-term conditions and learning disabilities.

The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 100%, with a 0% exception reporting rate.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 82%. 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. Data provided by the practice showed that the practice had a 4% inadequate sample rate with a target rate of 3%. Following a re-audit the practice saw that this had reduced to 1%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 71% compared to CCG average of 73% and national average of 72%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 68% compared to CCG average of 72% and national average of 73%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 44%, compared to CCG average of 50% and national average of 55%.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results. The practice were also involved in a local bowel screening pilot, which started in April 2016. This involved the health care assistant calling patients or using video link to discuss the screening process. Data provided by the practice showed that 18 patients had been contacted and provided with advice; 17% had returned their bowel cancer screen test, which was above local averages of 2%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages with the exception of Infant Men C (an immunisation used to boost protection against Haemophilus influenza type b (Hib) and Meningitis C). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 57% to 97% with the exception of Infant men C which was 57% compared to CCG average of 78%, and five year olds ranged from 96% to 100%. Following our inspection the practice provided data which showed that the uptake of infant Men C was 98%. Post inspection documentation provided by the practice also demonstrated where the practice had identified a fault with the central reporting system which resulted in differences' in the data collected; as a result the practice has reported this to immunisation leads.

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, as well as health checks for over 75s. Data provided by the practice showed that 86% of patients over the age of 75 had received a health check. 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 we spoke to knew when patients wanted to discuss sensitive issues or appeared distressed and were able to offer them a private room to discuss their needs.

The 48 patient Care Quality Commission comment cards we received were mainly positive about the service experienced. From the comment cards we viewed patients felt the practice offered an excellent service and staff were helpful, caring, friendly and treated them with dignity and respect.

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

Results from the national GP patient survey published on 7 July 2016 showed mixed views relating to how patients felt they were treated with regards to compassion, dignity and respect. The practice was mixed for its satisfaction scores on consultations with GPs. Questions relating to the nurses were comparable to national averages however; questions relating to receptionists were below average. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

We saw the practice had developed an action plan, which included offering extra support, training and encouragement for reception staff. The practice had also discussed these results during practice meetings in order to encourage and drive improvement. PPG members we spoke with during the inspection were aware of these actions.

Care planning and involvement in decisions about care and treatment

Patients we spoke to 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 were aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey published 7 July 2016 showed patients' responses varied regarding questions about their involvement in planning and making decisions about their care and treatment. Results regarding the nurse were in line with local and national averages however, results were below average for GP related questions. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Good

Are services caring?

- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and reception staff were multilingual. However, there were no notices in the reception areas informing patients this service was available.
- Although information leaflets were limited, they were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

There were limited patient information leaflets and notices available in the patient waiting area telling patients how to access support groups and organisations. Information about support groups was available on the practice website. PPG members told us that they raised the lack of information on clinics, minor ailments and support services with the practice. We were told that the practice acted on this and they have noticed an increase in the amount of posters in the reception area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers (2% of the practice list); the new patient registration form identified whether patients were or had a carer. The practice offered health checks, flu vaccinations and provided carers with packs, which included information on a range of external support services. 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 usual GP contacted them to offer support. Support available included a patient consultation and offering advice on how to find a support service. Information was also displayed in the patient waiting area.

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.

- The practice offered appointments on a Monday, Tuesday, Wednesday and Friday until 6.30pm for patients.
- There were longer appointments available for patients with a learning disability.
- Appointments could be booked in person, by telephone, or online up to two weeks in advance. The practice offered online or telephone consultations and self-triage.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice. GPs, Nurses and the practice pharmacist employed by the CCG visited registered patients who resided in local residential homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled and translation services available.
- The practice had carried out a review of their compliance with the Equality Act and had identified actions to make reasonable adjustments to their premises, including handrails and ramp access. This was work in progress.
- We saw that the practice did not have a hearing loop in reception. When asked staff told us that they did not have many patients with hearing difficulties. We were told that staff would direct patients when they were called for their appointments' and staff send text reminders when operating their recall system.
- The practice offered an antenatal clinic every Tuesday, baby clinics every Thursday and an anti-coagulation clinic (for monitoring patients on Warfarin, a blood thinning medication) on Tuesdays. The practice nurses engaged with the community health care team and school nurses in the management of child asthma. We saw that asthma management plans were in place.

Access to the service

The practice is open between 8am and 6:30pm Mondays, Tuesdays, Wednesdays and Fridays. Thursday opening hours are from 8am to 4pm. 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 below local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The PPG we spoke to told us that patients had raised concerns regarding phone access and this had been fed back to the practice. We were told that the practice identified this as a software problem and were actively attempting to address the issues. PPG members stated that the practice kept them updated on the developments.

On the day of the inspection patients, we spoke to told us that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns.

- Staff we spoke to told us that the practice had not received any complaints in the last 12 months and were therefore unable to demonstrate where the complaints process had been followed through, learnings or outcomes.
- We reviewed the practice complaints policy and procedures and we saw that they 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. Staff we spoke to told us that they reported verbal complaints to the practice manager however when asked the practice were unable to provide a completed log of these complaints. We saw meeting minutes where the practice discussed verbal complaints they had received relating to phone access and staff attitudes however there were no formal log of a thorough investigation, response to the complainant or learning.
- We saw that information was available to help patients understand the complaints system, for example, complaints forms were located in the reception area and patients were able to complain or provide comments via the practice website.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans, which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of the strategy and the provision of care. However, this required strengthening in relation to the assessment, monitoring and mitigation of risks to patients and staff.

- The practice had not undertaken a legionella risk assessment as required by legislation, high risk medicines were not being monitored effectively, the provision of medicines required to manage a medical emergency had not been assessed, safeguarding processes did not include following up children who did not attend for their hospital appointments and the management of verbal complaints did not reflect an analysis, investigation or learning.
- Staff we spoke with provided evidence of a risk assessment which had been completed as a result of issues identified following their 2015 infection control audit. The action plan included notifying the property owners of damages to fixtures, fittings and the installation of a panic alarm. During the inspection, we saw that these actions had not been carried out by the property owners.

We saw evidence of where the practice had maintained an understanding of their clinical performance, for example:

- We saw that the practice had designated staff that monitored QOF performance and provided the GP with data, which was discussed during practice meetings.
- The practice carried out clinical and internal audit; the practice provided evidence of one completed audit cycle, which demonstrated the monitoring of quality and improvements.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs encouraged a culture of openness and honesty.

- Records following patient safety incidents showed that the practice gave affected people truthful information and verbal apologies.
- The practice were not maintaining records of verbal complaints therefore unable to provide evidence of 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 told us the practice held regular team meetings, the nursing team also met every month and the practice held four to five governance meetings per year.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff we spoke with told us that they were happy with the levels of support received when things went wrong.
- 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 GPs 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

Are services well-led?

Requires improvement

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

The practice encouraged and valued feedback from patients, the public and staff. The practice sought patients' feedback via the NHS Friends and Family Test cards, which were placed in the reception area. We saw that there were options on the practice website for patients to provide their comments and suggestions but the reception area did not contain any information for patients about how they could provide feedback .

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG asked the practice to provide a designated parking space for patients with a disability and we were told that the practice acted on this.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff we spoke to told us that the practice were very supportive when concerns were raised and provided examples of where systems had been changed and training provided to improve service delivery. Staff told us they felt involved and engaged to improve how the practice was run. For example, we were told that the nursing team raised concerns regarding the lack of appointment structure when carrying out childhood immunisation clinics. The practice liaised with child health services and as a result, a new appointment system was implemented. We were told that this reduced waiting times and patient distress.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, we were told that the practice were involved in a local bowel screening pilot to raise awareness and reduce barriers to participation. This started April 2016 and involved the health care assistant calling patients or using video link to discuss the screening process.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. **How the regulation was not being met:** The registered person did not operate an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. For example, the registered person did not assure themselves that an adequate legionella risk assessment as required by legislation had been carried out. This was in breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment. **How the regulation was not being met:** The registered person did not operate an effective system to prevent abuse of service users. For example, staff were not always following the practice safeguarding and did not attend policies to ensure children who had not attended hospital appointments were appropriately followed up.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment **How the regulation was not being met:** The provider did not carry out a sufficient risk assessment to mitigate risks in the absence of emergency medications used to respond to a clinical or medical emergency such as epileptic fits, acute or severe asthma; severe or recurrent anaphylaxis (an allergic reaction). The registered person did not always ensure that medication reviews were carried out as part of, and align with, patients care and treatment plans. Patients in receipt of a medication which required closer monitoring had not always been reviewed within recommended periods. For example, some patients in receipt of medication used to treat high blood pressure had not been reviewed within recommended periods. This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.