

# Dr Asad Hussain

## 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?

Requires improvement



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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Asad Hussain – Ribble Village Surgery on 24 November 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough and also with particular regard to actions taken to mitigate the risk.
- Risks to patients were assessed however issues were identified with regard to safeguarding actions taken following risk analysis and vaccine stock control and rotation.
- Data showed a number of clinical patient outcomes were low compared to the national average. There

were limited systems and processes in place to support the practice to monitor the practice's performance and therefore improve outcome for patients.

- Patients said they were treated with compassion, dignity and respect.
- Information about services was available.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review. For example, the complaints procedure.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear 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 improvements are:

# Summary of findings

- Risk management systems must be reviewed to ensure patient's safe care and treatment.
- Newly implemented systems and processes must be reviewed to ensure they have been embedded.

In addition the provider should:

- Have an infection control process and system to include detailed cleaning schedules and an effective stock rotation.

- Have a schedule in place to review policies and procedure to ensure they are in line with current best practice and legal requirements.

**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**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, more detailed information with regard to the incidents and lessons learnt and action taken should be recorded.
- The practice did not demonstrate an understanding of when specific incidents needed to be reported to other agencies or stakeholders such as a vaccination error.
- The system used to disseminate MHRA) alerts should be reviewed to include a system for monitoring compliance with the alerts.
- The practice had systems and processes in place to keep people safe. We discussed with the practice the need to review where information was stored and recorded to ensure their monitoring system was effective and easily audited.
- Medicines management systems were in place and the practice worked closely with the CCG medicines management team. There were effective systems in place to deal with medical emergencies. The practice did not have an effective vaccine stock rotation system in place to ensure appropriate and timely use of vaccines.
- Overall the practice was clean however we discussed with the practice the need to ensure that all clinical areas were hygienically clean.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was not effectively managing the care and treatment needs of patients with long- term conditions. The practice had identified this as an issue that needed to be actioned and had recently employed a nurse practitioner to support the GP with this work.
- Clinical audits demonstrated quality improvement. The practice did not have an effective system to call and recall patients for reviews.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- The practice provided support to staff to develop professionally and provided an effective mentorship system.
- 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.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice as comparable to other practices in the CCG area.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice provided support and advice to carers including signposting them to other services and agencies.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The complaints information available at the practice did not contain the required information to support patients to make a complaint. It did not provide patients with sign posting information to take their complaint further if they were not satisfied with the response from the practice. However records showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for providing well led services.

Requires improvement



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- The practice had faced significant challenges over the last twelve months with regard to patient demand and GP capacity. This had resulted in the practice recently recruiting a Nurse Practitioner to help address this issue.
- There was lack of overview of the governance structures in place to monitor the safety and quality of the service provided.
- The practice proactively sought feedback from staff and patients, which it acted on.

# 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 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.

**Requires improvement**



### People with long term conditions

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.
- QOF results for 2014/2015 showed that the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 61% compared to the national average of 88%. During the inspection the practice provided evidence that showed for 2015/16 the percentage had improved to 84%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. 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.

**Requires improvement**



### Families, children and young people

The issues identified as requiring improvement overall affected all patients including this population group.

- There were limited 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. Minutes were not kept of information shared with or received from meetings with health visitors.
- Immunisation rates were comparable to the CCG average for all standard childhood immunisations.

**Requires improvement**



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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 and health visitors.

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

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.

**Requires improvement**



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

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 including 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However issues were identified with regard to how information shared with or by the practice was recorded in patient records.

**Requires improvement**



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

The issues identified as requiring improvement overall affected all patients including this population group.

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

**Requires improvement**





# Summary of findings

- The QOF results for 2014/15 showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 52% compared to the national average of 88%. During the inspection the practice provided evidence that showed for 2015/16 the percentage had improved to 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 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 published in July 2016 (from 76 responses which is approximately equivalent to 3% of the patient list) showed the practice was comparable with local and national averages in aspects of service delivery. For example,

- 72% of respondents described their experience of making an appointment as good compared to the CCG average 74% and the national average of 73%.
- 68% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

In terms of overall experience, results were comparable with local and national averages. For example,

- 74% described the overall experience of their GP surgery as good compare to the CCG average 87% and the national average of 85%.
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards, 27 were very complimentary about the service provided patients said they received an excellent, caring service. Three patients raised issues about the difficulties they experienced making an appointment with the GP. Three patients we spoke with told us they received an excellent service.

## Areas for improvement

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

The areas where the provider must make improvements are:

- Risk management systems must be reviewed to ensure patient's safe care and treatment.
- Newly implemented systems and processes must be reviewed to ensure they have been embedded.

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

In addition the provider should:

- Have an infection control process and system to include detailed cleaning schedules and an effective stock rotation.
- Have a schedule in place to review policies and procedure to ensure they are in line with current best practice and legal requirements.

# Dr Asad Hussain

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and supported by a GP specialist advisor.

## Background to Dr Asad Hussain

Dr Asad Hussain - Ribble Village Surgery is situated in a deprived area of Preston. There were approximately 2852 patients on the practice register at the time of our inspection. The practice population was predominantly patients under 18 years. Information published by Public Health England showed that 65% of patients had a long standing health condition.

The practice is a single handed GP (male) and has a nurse practitioner (female), practice nurse and a healthcare assistant. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is a teaching practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 10.30am every morning and 3pm to 5pm daily. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS Greater Preston local Clinical Commissioning Group (CCG).

## Why we carried out this inspection

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

## 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 24 November 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed records, policies and procedures.
- 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?

# Detailed findings

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and truthful information. Patients were not always given a written apology.
- An incident regarding the incorrect immunisation being given to a patient was not appropriately reported to NHS England. The practice demonstrated a lack of knowledge about their role and responsibility in sharing information regarding specific types of incidents.
- The practice carried out analysis of the significant events. However more detailed information should be recorded including actions taken, timescales to be completed and a named person/s responsible.

Following the inspection, the practice provided information that showed they were working towards improving the significant event systems and processes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was limited documented evidence that lessons were shared and action was taken to improve safety in the practice. Following the inspection, the practice provided evidence that a detailed policy and procedure had now been put in place to address this issue.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and told us they provided reports where necessary for other agencies. The practice confirmed they did not routinely keep copies of information sent to other stakeholders on patient records. The practice met regularly with the health visitors to discuss individual patients. We discussed with the practice the need to review some of the systems in place with regard to recording meetings with other stakeholders and ensuring information concerning patients, received or shared was documented and saved in the patient record. Following the inspection, the practice provided evidence that meetings with other agencies were now being minuted, they also confirmed they were being transcribed onto patient records. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and 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).
- Overall the practice maintained appropriate standards of cleanliness and hygiene. We found in one clinical areas equipment and furniture was not hygienically clean. Following the inspection, the practice confirmed the cleaning schedule and tasks of the cleaner had been reviewed and spot checks were now part of the infection control audit. At the time of the inspection the GP was the infection control lead, following the inspection the Nurse Practitioner had been designated the infection control clinical lead and would be liaising with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). There was no

## Are services safe?

stock control system in place for the management of vaccines. Following the inspection the practice confirmed there was now a system in place and a designated person responsible for monitoring vaccine stocks. There was a system in place for handling repeat prescriptions which included the review of high risk medicines. There was no system in place to effectively monitor requests for controlled drugs or to monitor uncollected prescription for vulnerable patients.

Following the inspection the practice sent us a template that showed uncollected prescriptions and requests for controlled drugs would now be monitored. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The Nurse Practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place 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

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 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 and audits.

### 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 72% of the total number of points available with the exception reporting rate of 12% which was slightly higher than the CCG average of 9% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

Performance for diabetes related indicators was comparable with or lower than the local and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 73% compared with a local average of 78% and national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification

within the preceding 12 months was 61% (CCG average of 81%, national average 88%). During the inspection the practice provided evidence that showed for 2015/16 the percentage had improved to 84%.

Performance for mental health related indicators was comparable with or lower than local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 52% compared to local average of 86% and national averages of 88%. During the inspection the practice provided evidence that showed for 2015/16 the percentage had improved to 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 61% (CCG average 88%, national average 90%). During the inspection the practice provided evidence that showed for 2015/16 the percentage had improved to 93%.

The practice acknowledged that work was needed to continue improve their QOF scores and outcomes for patients particularly those with long-term conditions. To support this improvement the practice had recently employed a Nurse Practitioner to support the GP with their clinical work particular with regard to reviewing patients with long-term conditions. The practice was also in the process of implementing a more effective call and recall system to ensure patients were invited for reviews in a timely manner.

The practice carried out a variety of audits that demonstrated quality improvement. For example, the effectiveness of physical health monitoring for patients with mental health needs, A&E attendance, medication audits and clinical audits. We discussed with the practice the benefit of implementing a programme of audits to promote improvement and safety.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- 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.
- 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, 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. All staff had received an appraisal within the last 12 months.
- 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 secondary care service such as hospital outpatient departments.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We discussed with the practice the need to minute meetings and to ensure relevant information is documented in patient records.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The 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. For example:

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice carried out vaccinations and cancer screening. Results from 2014-2015 showed:

- Childhood immunisation rates for the vaccinations given to two year and five year olds were comparable with or higher than the CCG averages.



## Are services effective?

(for example, treatment is effective)

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 78% compared to a national average of 82%.

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

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. 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.

Results from the national GP patient survey published in July 2016 (from 76 responses which is approximately equivalent to 3% of the patient list) showed patients felt they were treated with compassion, dignity and respect. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 87%, national average 87%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

The practice had gone through a significant change in clinical staff in the last twelve months and this had resulted in pressures placed on the remaining clinical staff that has now been resolved.

### 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. 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 comparable local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).

Staff told us that telephone translation services were available. There was a hearing loop in place to support patients with hearing difficulties.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a register of 47 carers on its list (2% of the patient list). The practice provided carers packs of information and information was also available on the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent a card and offered a longer appointment to meet the family's needs or signposted those to local counselling services available.

# 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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- The practice had a lift to support patient access to the first floor.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a phlebotomy service.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 10.30am every morning and 3pm to 5pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

- 69% of respondents were able to get an appointment to see or speak to someone last time they tried (CCG average 78%, national average 74%).

- 97% of patients said the last appointment they got was

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. Following the inspection the practice provided detailed evidence that demonstrated the complaints procedure had been reviewed and updated to reflect recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There was limited information available for patients with regard to how to make a complaint, both verbally and written. The practice acknowledged further information needed to be provided to explain the process and to provide help and support to patients. Following the inspection, the practice provided detailed information regarding the changes made.

The practice discussed complaints at staff meetings. We reviewed a log of complaints and found both written and verbal complaints were recorded. We reviewed two complaints and found written responses included apologies to the patient and an explanation of events.

# 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 is a single handed GP practice and described their future plans to increase the clinical staff with a salaried GP to increase patient access and choice.

### Governance arrangements

The practice had a governance framework to support the delivery of good quality care. However, issues were identified with a number of systems and processes used to effectively promote and monitor the quality and safety of the service provided. For example:

- Safeguarding information was not managed and recorded appropriately.
- The arrangements in place to manage significant events required improvement including the need to increase knowledge and awareness of incidents that needed to be reported to external agencies.
- There were limited systems and processes in place to support the effective monitoring of the services provided. For example issues were identified with regard to the lack of an effective call and recall system for patients with long-term conditions, the lack of effective monitoring of infection control systems and medication stock control.

### Leadership and culture

The practice is a single handed GP practice and continues to face the challenges of meeting patient needs and the difficulty of recruiting clinical staff. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal apology. This was not always followed up in writing.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- 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 told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

The GP had a vision for the practice that included an increase in clinical staff to support patient access and choice and was undertaking training to be able to become a training practice for future GPs.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  <b>How the regulation was not being met:</b>  <b>Risk management systems did not effectively ensure patient's safe care and treatment.</b>  Regulation 12 (1)

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  <b>How the regulation was not being met:</b>  <b>The systems in place do not effectively assess, monitor and improve the quality and safety of the services provided.</b>  Regulation 17 (1)