

# Dr Sajid Zaib

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of Dr Sajid Zaib (Oakfield Surgery) on 17 December 2014. We have rated the overall practice as requires improvement. The practice was rated inadequate in safe, requires improvement in effective and well led and good in the caring and responsive domains.

Our key findings were as follows:

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

Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. For example, concerns were found in recruitment processes, medicine management, infection control and staff training.

Generally the feedback from patients was positive. Patients we spoke with said they were happy with the service they received. Patients were complimentary of the

practice staff. Most patients were happy with the appointment system and all knew they could speak to a doctor or a nurse over the phone whenever they needed to.

Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

The practice had a business development plan. This set out the practice values, aims and objectives for the next five years. The practice sought feedback from staff and patients, which it acted on.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

# Summary of findings

- Ensure all recruitment and employment information required by the regulations are documented in all staff members' personnel files.
- Ensure staff receive regular appropriate training, specific to their role. This includes, training in, safeguarding, infection control and chaperoning.
- Ensure medicine management systems are reviewed and reflect national guidelines.
- To ensure robust quality and monitoring systems are in place.

- Ensure appropriate infection control systems are in place, in line with national guidelines.

In addition the provider should:

- To review safeguarding processes to ensure all staff have the knowledge and skills appropriate to their level.

**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 inadequate for providing safe services and improvements must be made. Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. For example, we found medicines management did not reflect national guidelines, concerns were also found in recruitment processes, infection control, staffing and staff training. Staff had not received appropriate safeguarding training.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services. Staff had not received appropriate training and supervision. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from NICE and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff worked with multidisciplinary teams.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

Good



The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. We saw evidence learning from complaints took place.

# Summary of findings

## Are services well-led?

The practice is rated requires improvement for being well-led. We found the practice had not taken all measures to identify, assess and manage risk. Not all staff had received training appropriate to their roles and regular supervision. It had a clear vision and strategy. The practice had a business development plan. This set out the practice values, aims and objectives for the next five years. The practice had adopted a flat hierarchal structure. Staff told us the culture of the practice was of openness and transparency. GPs were responsible for managing their own patient lists, which fostered a culture of responsibility and ownership and improved continuity of care for patients. The practice sought feedback from staff and patients, which it acted on.

## Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. Areas of concerns included, safeguarding, training, infection control and medicine management, which posed risks to patients. All patients over 75 had a named GP. Home visits were offered to elderly and frail patients. Patients at risk of an unplanned hospital admission had a care plan in place. The practice held registers for patients on palliative care and updated this regularly. All care plans for older patients were flagged in hospital correspondence. Older patients received regular medication reviews. Older patients had access to comprehensive range of carer's information at the practice, with many links to various supportive organisations. These included information on local befriending services and dementia support groups.

**Requires improvement**



### People with long term conditions

The practice was rated as requires improvement for the care of patients with long term conditions. Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. Areas of concerns included, safeguarding, training, infection control and medicine management, which posed risks to patients. The care and treatment for all patients with long term conditions (LTCs), is led and delivered by the GPs. When needed, longer appointments were available, in particular for complicated LTCs. Health advice and medical condition information was available on the practice website. Leaflets were also available at the surgery. GPs told us they sought advice on complex health concerns and this was then shared with patients. The practice held dedicated clinics for long terms conditions such as diabetes and asthma.

**Requires improvement**



### Families, children and young people

The practice was rated as requires improvement for the care of families, children and young patients. Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. Areas of concerns included, safeguarding, training, infection control and medicine management, which posed risks to patients. All GPs offered a six week post-natal check for new mothers, where emotional and physical needs were discussed. New mothers and children were offered longer appointments, if required. The practice had good working relationship with local consultants in

**Requires improvement**



# Summary of findings

child health and from whom they were able to access further support and advice for patients. The practice ran regular clinics to support this population group, which included baby and antenatal clinics. The practice achieved 97% on their child immunisation compared to a national average of 95%. The practice supported patients who chose to have a home birth.

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

The practice was rated as requires improvement for the care of working age patients. Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. Areas of concerns included, safeguarding, training, infection control and medicine management, which posed risks to patients. The practice provides a range of appointments between 8:00am and 6pm Monday to Friday. Although the practice did not provide extended hours, GPs told us they would see a patient past the normal hours if required. The practice offered telephone consultations for the working age population. Alternative systems were introduced to allow all patients who were unable to attend the practice due to work commitments to book appointments and order their prescriptions online.

**Requires improvement**



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

The practice was rated as requires improvement for the care of patients living in vulnerable circumstances. Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. Areas of concerns included, safeguarding, training, infection control and medicine management, which posed risks to patients. The practice had comprehensive child and adult safeguarding policies procedures. The practice worked closely with local alcohol support groups. The practice had low numbers of patients with alcohol and drug problems.

**Requires improvement**



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

The practice was rated as requires improvement the population group of patients experiencing poor mental health (including patients with dementia). Patients were at risk of harm because systems and processes had not been implemented in a way to keep them safe. Areas of concerns included, safeguarding, training, infection control and medicine management, which posed risks to patients. The practice did not have a mental health lead; instead all GPs were responsible for patients with mental health needs. The practice had good working relationship with the mental health crisis team. A counsellor saw patient's onsite, offering support with cognitive behavioural therapy and counselling sessions. A mental

**Requires improvement**



## Summary of findings

health register was maintained. The register was reviewed regularly to ensure patients received an annual review and care plans were put in place. Patients experiencing poor mental health were offered advice on how to access various support groups and voluntary organisations. Leaflets about local support groups were available and referrals to the memory clinic for patients with dementia were made.



# Summary of findings

## What people who use the service say

We spoke with twelve patients which also included members of the patient participation group (PPG). A PPG is made up of a group of volunteer patients and practice staff who meet regularly to discuss the services on offer and how improvements can be made. The majority of the feedback from patients was positive.

Patients told us they happy with the care and treatment they received. We were told that the GPs and nurse explained procedures in great detail and were always available for follow up help and advice. They said they were given printed information when this was appropriate.

Some patients told us they knew they could ask for a chaperone during consultations, should there be a need. They said there were notices in consultation rooms telling them that chaperones were available.

Patients were generally happy with the appointment system and all knew they could speak to a doctor or a nurse over the phone whenever they needed to. Patients

said same day appointments were available for urgent matters. All patients spoken with were happy with the cleanliness of the environment and the facilities available.

The nine comments cards reviewed were all positive saying the GPs and nurse were caring and helpful and patients commented the GPs approach to patient care was excellent. Patients said they always felt they were listened to.

We reviewed patient feedback from the national GP survey from 2014 which had approximately 115 responses. The results from the national GP survey showed, 94% of patients found it easy to get through to this surgery by phone and 92% of patients said they were able to get an appointment to see or speak to someone the last time they tried. Eighty per cent of patients described their overall experience of the surgery as good and 75% of patients said they would recommend the practice to someone new to the area.

## Areas for improvement

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

- Ensure all recruitment and employment information required by the regulations are documented in all staff members' personnel files.
- Ensure medicine management systems are reviewed and reflect national guidelines.
- Ensure staff receive regular appropriate training, specific to their role. This includes, training in, infection control and chaperoning.

- To ensure robust quality and monitoring systems are in place.
- Ensure appropriate infection control systems are in place, in line with national guidelines.

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

- To review safeguarding processes to ensure all staff have the knowledge and skills appropriate to their level.

# Dr Sajid Zaib

## Detailed findings

### Our inspection team

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

Our inspection team was led by a CQC lead inspector, and a GP specialist advisor. The team included a practice manager specialist advisor and expert by experience.

### Background to Dr Sajid Zaib

The practice provides general medical services to approximately 5,000 registered patients in Aylesbury, Buckinghamshire and is a training practice. The practice serves an older than average practice population and with low deprivation scores. Dr Sajid Zaib practice has a high number of patients registered who are aged under 18 years of age. Local demographic data indicates the practice serves a population which is one of the more affluent areas in England.

The practice occupies a purpose built one storey building with onsite parking facility. All consulting and treatment rooms are located on the ground floor. Further development plans have been discussed. This includes developing building another consultant room.

Care and treatment is delivered by a number of GPs, practice nurses, health care assistant/phlebotomist. In addition, the practice is supported by midwives run clinics at the practice premises. The practice also works closely with district nurses.

The practice has a General Medical Services (GMS) contract. GMS contracts are subject to direct national negotiations between the Department of Health and the General Practitioners Committee of the British Medical Association. The practice is a GP training practice.

There were no previous performance issues or concerns about this practice prior to our inspection.

The CQC intelligent monitoring places the practice in band 5. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

### 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. This 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.

This provider had not been inspected before and that was why we included them.

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.

# Detailed findings

## How we carried out this inspection

Prior to the inspection, we reviewed wide range of intelligence we hold about the practice. Organisations such as local Healthwatch, NHS England and the clinical commissioning group (CCG) provided us with any information they had. We carried out an announced visit on 17 December 2014. During our visit we spoke with practice staff team, which included GPs, practice nurse, a health care assistant (HCA), and the administration team. We spoke with twelve patients including the Patient Participation Group (PPG) members who used the service and reviewed nine completed patient comment cards. We observed interactions between patients and staff in the waiting and reception area and in the office where staff received incoming calls. We reviewed policies and procedures the practice had in place.

To get to the heart of patients experiences of care, we always ask the following five questions of every service and provider:

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

# Are services safe?

## Our findings

### Safe track record

The practice had some systems in place to identify risks and improve quality in relation to patient safety. This was achieved through reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events and complaints were a standing item on the practice meeting agenda. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. The senior GP partner told us all significant events and complaints were seen as a learning tool and that they had encouraged all staff to be open and transparent in this process.

Multi-disciplinary practice meetings took place where attendance included clinicians from other disciplines such as district nurses. Minutes from the meetings identified sharing information and reflective practice to reduce risk and improve services going forward.

### Reliable safety systems and processes including safeguarding

The practice had comprehensive safeguarding children and adult policies and procedures in place to protect vulnerable patients. A safeguarding lead had been appointed who had undertaken appropriate safeguarding training. We found all the GPs had received appropriate level of safeguarding training.

We found not all staff had received relevant role specific training on safeguarding. For example, the practice nurse thought they had received some child safeguarding training two years, but could not confirm this. The nurse and health care assistant had not received any adult safeguarding training.

The administrative and reception had not received adult or child safeguarding training. Some of the staff were not

aware of who the safeguarding lead was. They told us they would approach the practice manager or a GP if they had any concerns. One member of staff told us they were not aware of the practice safeguarding policies and procedures. This meant, staff were not of their responsibilities and did not know how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours.

There was a chaperone policy, which was visible on the practice website, leaflet and in consulting rooms. The practice nurse, health care assistant, administrative and reception had undertaken chaperone duties. However, all staff told us they had not received any chaperone training from the practice. Some staff we spoke with did not understand their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. We found practice had not carried out criminal records checks through the Disclosure and Barring Service (DBS) for staff that carried out chaperone duties.

### Medicines management

The practice had management of medicines policies and procedures in place. We checked the medicines held at the practice. We found some medicines and consumables were out of date and were not suitable for use. For example, we found five ampoules of adrenaline were out of date since July 2014. We found consumables such as skin cleansing swab and micropore surgical tape, were out of date. The cleaning swab had expired on March 2014 and the surgical tape had expired in 2011. The practice did not have systems in place to check and monitor medicines and consumables to ensure they were suitable to use.

Patient Group Directions (PGDs) were available at the practice. PGDs are specific written instructions for the supply and administration of a licensed named medicine. There is a requirement for all PGDs should be signed at the time of issue. The PGDs we reviewed were all in date.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and were kept securely.

### Cleanliness and infection control

## Are services safe?

We observed the premises to be clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We saw notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice nurse told us they had inherited the role of the infection control lead for the practice. They had not received any training or support to undertake this role, or supervision from the previous practice nurse infection control lead. The nurse told us they had not had the training to provide advice or training to the practice staff. We found all staff had not received infection control training specific to their roles and had not received annual updates.

We found no evidence of any infection control audits, and the nurse confirmed these had lapsed. The practice subsequently confirmed that the practice manager had completed the infection control audits.

The practice had employed a new cleaning company. The previous company's contract had been terminated as they were unreliable. We found weekly cleaning schedules were in place, and the practice manager monitored this regularly.

We found no evidence of the Hepatitis B status for both the practice nurse and health care assistant.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date was July 2014. A schedule of testing was in place. We saw a log of calibration testing for the practice and all equipment was calibrated in June 2014.

### Staffing and recruitment

Recruitment policies and procedures were in place. We reviewed the personnel files of four staff members. One staff member had been recruited in the last two years, and the other staff members had been recruited prior to the practice's registration with Care Quality Commission (CQC).

These included personnel files of two GPs, practice nurse and health care assistant. We found not all of the information required by the regulation was recorded in the individual staff files.

For the staff member who had been recruited in the last two years, we saw their personnel file included, an application or curriculum vitae, identity check, recent photograph, copy of employment contract, and qualifications and registration with the appropriate professional bodies. However, there was no evidence of references being sought and received and the practice had not obtained evidence to ensure staff was physically and mentally fit to carry out their role. We found no evidence criminal records checks through the Disclosure and Barring Service (DBS) for this staff member.

In the staff files of the other three staff members we found a number of information missing. This included no evidence of identity checks, no recent photographs of staff and no evidence of references being sought for staff members. We found for two staff members the practice had not obtained evidence to ensure staff were physically and mentally fit to carry out their roles. The practice had not carried out criminal records checks through the Disclosure and Barring Service (DBS) for all three staff members.

We found the practice nurse and health care assistant did not have valid and adequate indemnity arrangements in place for the work they performed.

The practice was well staffed in relation to the number of GPs working at the practice and the patient list they were catering for. Patients had easy access during the day for routine and urgent appointments. This also encouraged good continuity of care and good GP and patient relationship. The practice did use locum GPs, but only used those GPs that they had worked with previously. Some of the GPs had previously started as locum GPs, but now moved into a permanent role with the practice.

We found the staffing levels for the nursing team were low and the nursing provision was inadequate. We noted 23 hours were being shared between the practice nurse and locum nurse. The practice nurse current workload and part time hours meant they had been precluded from regular training. It also meant that the health care assistant, had not been receiving adequate supervision for work they were undertaking which was beyond their competency and grade, due to the lack of practice nurse cover. For example,

## Are services safe?

the HCA had dressed leg ulcers, for which they had received minimal supervision. The senior partner told us they had been actively looking to recruit a new practice nurse and that the recruitment drive was ongoing; however the process had proven to be challenging.

### **Monitoring safety and responding to risk**

The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Staff told us medical safety alerts were shared with the GP team when they were received and action taken where appropriate. Recall systems were in place to support patients who required regular reviews of their medical condition. Follow up procedures were in evidence to remind these patients of the importance of their medical checks and offer them another appointment.

We found the practice did not have a log or system to identify, monitor and correct risks.

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

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and loss of medical records. The document also contained relevant contact details for staff to refer to. For example, contact details of an electricity and gas company to contact if the electricity and gas system failed.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. The last fire alarm test was carried out in October 2012. Staff told us they should be practising weekly alarm test, however this had lapsed. We saw evidence of annual checks on the fire extinguisher and fire alarm and saw these had been last checked in 2014.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work, which allowed the practice to focus on specific conditions. The GPs told us they worked closely with external consultant and regularly sought their advice and support. For example, one GP sought advice from the haematologist.

The practice had a system whereby all referrals from the registrars were reviewed by the senior GP partner, and feedback on the outcomes of each referral was shared with the registrar. The administrative staff, who processed the referral, ensured national guidelines were followed by the referee'. The practice reviewed and discussed referrals during team meetings and improvements to practice were shared with all clinical staff.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The practice had a system in place for completing clinical audit cycles. These included audits for chronic obstructive pulmonary disease (COPD), on an antibiotic used to treat

urinary tract infection, drug safety and prostate cancer audits. For example, we saw an audit on chronic obstructive pulmonary disease, was carried out to identify the number of patients who were on medication which increased the risk of pneumonia. Following the audit, the GPs carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. The senior partner acknowledged a central document of all audits and when they were due for re-audits (second cycle), was required.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice routinely collects information about patients care and outcomes. The practice used the Quality and Outcomes Framework (QOF) which is a voluntary system for the performance management and payment of GPs in the National Health Service. This enables GP practices to monitor their performance across a range of indicators including how they manage medical conditions. The last QOF data available to CQC showed the practice performs well in comparison to other local practices. The practice performed well in areas such as clinical and patient experience domain.

### Effective staffing

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

The practice nurse told us they had received an annual appraisal, where they had opportunity to discuss training needs with the senior GP partner. The nurse advised they had been due to go on diabetes course, however this had been cancelled. We found no evidence that the nurse had appropriate adult and child safeguarding training.

The administrative staff had not received regular training. This included training in children and adult safeguarding,

# Are services effective?

## (for example, treatment is effective)

chaperoning, basic life support, equality and diversity, health and safety and infection control. One staff member commented that they had not received any training, and that there was an expectation just to get on with the job.

One staff member told us the practice was very supportive of training and professional development, and showed us evidence of the different courses they had completed recently. This included, ear syringing, aseptic technique, conflict resolution, child safeguarding, adult safeguarding, chaperoning, equality and diversity, infection control, basic life support and Doppler and dressings course. This staff member was also studying the NVQ level 2 in health and social care.

### Working with colleagues and other services

The practice held regular multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

The practice worked with other service providers to meet patient's needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Designated members of the administration staff held responsibility for ensuring communication from hospitals was passed to the GPs on the day they were received. GPs reviewed these communications each day and there was a system in place whereby each GP had a 'buddy' to review communications in their absence. The GP seeing these documents and results was responsible for the action required.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

Electronic systems were in place for making referrals. The practice sent most of its secondary care referrals to the

Stoke Mandeville hospital, and the tertiary referrals to the Oxford hospital. All referrals were dictated by the GP. A copy of the referral later was printed and checked by the GP before the referral was processed by the secretary. All urgent referrals were faxed. The CQC GP specialist advisor saw evidence in one patient record, where the referral was commenced during the consultation. We saw a copy of the referral and the fax message was scanned into the patient record and saw this had been dealt with in a timely manner.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record EMIS Web to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. The GPs and nursing staff had access to guidance and information for the Mental Capacity Act 2005. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. GPs and nurses obtained written consent for joint injections, ear syringing and cryotherapy.

The GPs and nurses had a sound knowledge of the Gillick competency considerations, when dealing with younger patients. Gillick competence is used to decide whether a person (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental consent or knowledge.

### Health promotion and prevention

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG.

The practice kept a separate list for all pre-school child immunisations. This list was downloaded manually by an administrative staff member, to ensure no one was missed of the list. The practice received a weekly list of all child immunisation from the Child Health Department, and appointments were booked in accordingly.



## Are services effective?

(for example, treatment is effective)

The practice website and surgery waiting areas provided various up to date information on a range of topics and health promotion literature was readily available to support people considering any change in their lifestyle. These included information on, diabetes, asthma, dietary advice and sexual health. One of the GPs was due to commence a doctorate in primary prevention and obesity and lifestyle.

We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic cervical smears.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and practice survey. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from 2012-13 practice survey showed, when patients were asked how satisfied they were with the care they received, 69% of patients rated this as very satisfied and 17% said fairly satisfied. Ninety five per cent of patients rated GPs as either very good or good for giving them enough time. We saw the 2014 national GP survey showed 83% of patient found the reception staff at the surgery very helpful and 92% of patient said the GP they saw or spoke to was good at treating them with care and concern.

Patients completed CQC comment cards to tell us what they thought about the practice. We received nine completed cards and the majority were positive about the service experienced. Some patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. Three comments were less positive but there were no common themes to these. We spoke with twelve patients on the day of our inspection. Patients told us staff treated them with respect and dignity. They described the staff as caring, compassionate and approachable.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had measures in place to preserve patient privacy and confidentiality. We noted there was a notice asking patients not to enter there if another patient was being dealt with by reception. During our observation we observed music was played in the background to distract attention from other patients listening to conversations. The practice had a self-check in service facility. This

avoided long queues at reception, which reduced conversations being overheard. All computers were password protected and only the practice staff had access to the systems. We observed hardcopy patient records were stored behind the reception desk; however the access was not secure. We saw the door was not marked with staff access only, and the door was not lockable. The GP partner told us the front reception desk was always manned and staff never left this area unattended.

### Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the 2014 national patient survey showed 92% of patients said the GP they saw was good at listening to them and 88% of patients said the GP was good at involving them in decisions about their care and treatment. Eighty nine per cent of patients commented the last GP they saw was good at explaining tests and treatment. The nursing team also scored well. For example, 100% of patients said the last nurse they saw or spoke with was good at giving them enough time and 92% of patients said at involving them in decisions about their care and treatment. Ninety per cent of patients said the nurse was good at listening to them. These results were above average compared to national.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice check in service was available in different languages.

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

## Are services caring?

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, the 2014 national GP showed 94% of patients said the nurse saw was good at treating them with care and concern. Ninety seven per cent of patients said they had confidence and trust in the last GP they saw.

Notices in the patient waiting room, on the display board and patient website also told patients how to access

a number of support groups and organisations. The practice computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them. The practice sign-posted patients to local bereavement support groups. We saw leaflets with information about how to access bereavement support in the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patients needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

A range of clinics and services were offered to patients, which included family planning, antenatal, and blood tests. Care for long term conditions patients was led by the GPs. GPs would request longer appointments for complicated long term conditions to ensure patients had enough time to receive care and treatment. All GPs access to specialists for further advice, and in particular had used haematologists and radiologists for additional advice on the health care needs of the patients at the practice. GPs placed all new patients who were diagnosed with long term condition on practice register and organised recall programmes accordingly.

The practice had trained the health care assistant (HCA) to offer patients regular services such ear syringing, dressings, flu jabs and Electrocardiogram (ECG). The HCA also ran blood test clinics and offered 10 minute appointments, to ensure patients had enough time to ask questions and seek appropriate advice. Any concerns identified were referred to the patients GP.

Patients benefited from a stable staff team because staff retention was high, which enabled good continuity of care and accessibility to appointments with a GP of choice. All patients needing to be seen urgently were offered same-day appointments.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

A translation service was available and we saw posters in the reception and waiting area informing patients of this service. Patients whose first language was not English could bring a relative or friend with them to their appointment to translate for them if they preferred.

The practice kept a register for all patients with palliative care needs and mental health problems, and these patients were supported by a named GP. Patients received regular reviews and care plans were put in place accordingly.

The premises and services had been adapted to meet the needs of patients with mobility problems. The doorways were wide and there was space for wheelchairs and mobility scooters to turn.

The practice had reserved car spaces for patients with disabilities. The practice had ramp access at the front door of the building. Adapted toilet and washroom facilities were available for patients with disabilities.

We noted that staff had received equality and diversity training.

### Access to the service

The practice offered a range of appointments to patients every weekday between the hours of 8.30am and 6pm. The practice closed during lunch time from 1pm until 2pm. If patients called during this time, a recorded voice message directed the patients to another service for their health and care needs. During this hour the phones were monitored by the reception staff for urgent calls. Patients were able to book appointment to see a GP or nurse by text, telephone, online and in person. Patients were able to book a double appointment by choice or when requested by the GP or nurse for complicated conditions. Home visits were made to those patients who needed one.

The practice did not provide extended opening hours, during the week or on the weekend. The senior GP partner told us the practice had trialled Saturday morning appointments, however the uptake of these was very low. Staff told us all GPs had allocated urgent appointment slots after each surgery. The reception staff told us the current appointment worked very well and that the practice was able to meet patient demand.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If

# Are services responsive to people's needs?

(for example, to feedback?)

patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. The 2014 national GP survey showed that 94% of patients found it easy to get through to the surgery by phone and 92% of patients said they were able to get an appointment to see someone the last time they tried.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information on how to make a complaint was provided on the practice website and practice leaflet.

The practice had a complaints procedure and this was displayed in the waiting area. This allowed patients to make an anonymous complaint and also provided information to patients on how to escalate the complaint further if not satisfied with practice response. Patients we spoke with told us they would speak to the practice manager or the GP if they wished to make a complaint.

The practice had systems to review complaints received by the practice and ensured they had learnt from them. All incoming complaints were reviewed during the monthly protected learning time meeting. Staff told us reviewing complaints was viewed as a learning tool for all staff at the practice. The GP partners and practice manager carried out an annual review of all complaints to identify any patterns and shared the learning with the GPs and nurses. The minutes of these meetings demonstrated a discussion of the complaints and the relevant learning points.

# 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 business development plan. This set out the practice values, aims and objectives for the next five years. The practice values included, promoting a learning culture within the practice and to deliver high quality care and promote good outcomes for patients.

The practice charter was displayed and was available on the patient website. We saw the values included to provide safe and effective high quality care and to ensure the practice is effectively led and managed and staff receive relevant education, training and development.

The staff we spoke with knew and understood the vision and values and knew what their responsibilities were in relation to these.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the practice computer system. These included policies in safeguarding children and vulnerable adults, medicine management, complaints, recruitment and repeat prescribing. All of these policies were updated regularly to reflect new legislation and guidance and future review dates were also in place.

The practice held regular meetings. These included clinical meeting, palliative care meetings, and protected learning time (PLT) meetings. We reviewed minutes of recent palliative care meetings, and found significant events, referrals; complaints and child protection case had been discussed.

All the protected learning meetings were in house. The administrative and reception staff had attended only a few of these meetings. They told us usually spent this time to catch on work, and did not have time to read minute meetings. The administrative and reception team told us they would welcome online training, which they would enable them to manage training better with their workload.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this

practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

We found the practice had not taken all measures to identify, assess and manage risk. We found no evidence of any infection control audits. The practice did not have systems in place to check and monitor medicines and consumables to ensure they were suitable to use. Staff had not received appropriate safeguarding training. The practice had not carried out criminal records checks through the Disclosure and Barring Service (DBS) for staff members. The practice nurse and health care assistant did not have valid and adequate indemnity arrangements in place for the work they performed. Monitoring systems had not identified these issues.

### Leadership, openness and transparency

The practice had adopted a flat hierarchal staff structure. Staff told us the culture of the practice was of openness and transparency. The practice did not have named staff in lead roles for areas such as safeguarding, clinical performance and disease or medical conditions. The senior partner told us, the practice had instead adopted an approach that all staff had responsibilities in all areas of the practice.

GPs were responsible for managing their own patient lists, which fostered a culture of responsibility and ownership and improved continuity of care for patients. The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, recruitment policy and induction policy, which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active patient participation group (PPG), which had eight members. The PPG had carried out regular surveys and met every quarter. The practice manager showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on 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)

The members told us initially the group was set up 15 years ago as a fundraising group to support the practice. Over the years the group had raised funds and had purchased vaccine refrigerators baby weighing scales and security equipment for the practice. Members told us due to the historical basis of the PPG being a fund raising group there had been less emphasis on acting as a channel of communication between patient and the practice. However, this had improved recently and the members told us they had received feedback from patients which they had discussed with the practice.

We spoke with three members of the PPG who told us they felt their views were listened to. Members told us the relationship between the PPG and the practice had improved over the years. We were given examples of where the PPG had highlighted areas of concern and the feedback was acted on and changes were made. For example, changes had been made to the public washroom facilities.

Staff told us they supported by the practice. The practice did not have a whistleblowing policy. Some staff we spoke with told us they would speak to a GP or the practice manager if they had any concerns.

## Management lead through learning and improvement

GPs told us that the practice supported them to maintain their clinical professional development through training and mentoring. Learning and improvement was identified during annual appraisals and relevant support was provided. The practice had heavy influence on GP training.

The GPs we spoke with told us practice was very supportive of training and professional development.

However, due to low staffing levels in the nursing team, the nurse was precluded from regular training. The health care assistant (HCA), did not receive adequate supervision for their work.

The nurse and health care assistant had not received any adult safeguarding training. The administrative and reception had not received adult or child safeguarding training. The administrative staff had not received mandatory training such as, infection control, health safety and equality and diversity.

The practice had completed reviews of significant events and other incidents and these were shared with staff via their managers and at staff team meetings.

## 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not ensure such systems or processes were in place to enable the registered person, in particular, to—</p> <p>2a. assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>b. 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.</p> <p>Regulation 17 (2)(a)(b)</p> <p>This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of</p>



## Requirement notices

appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration, and disposal of medicines used for the regulated activity. Regulation 12 (g).

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not ensure –

1. Persons employed for the purposes of carrying on a regulated activity were

a. be of good character.

Regulation 19 (1)(a)

This was a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

2. Persons employed by the service provider in the provision of regulated activity did not:

(a) receive appropriate support, training and personal development as was necessary to enable them to carry out the duties they were employed to perform.

This section is primarily information for the provider

## Requirement notices

Regulation 18 (2)(a).

This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.