

Dr Samir Naseef

Quality Report

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Date of inspection visit: 26 August 2016
Date of publication: 21/11/2016

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?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
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 the practice of Dr Samir Naseef on 26 August 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 always thorough and where appropriate patients did not always receive an apology.
- Risks to patients were assessed and well managed with the exception of recruitment procedures and building risk assessments such as fire safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. However the practice handled complaints in an informal way with no records of complaints received or improvements made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 areas where the provider must make improvement are:

Summary of findings

- Maintain and monitor the quality assurance processes for reporting, recording, acting on and monitoring of significant events and ensure that patients affected receive reasonable support and where appropriate an apology
- Implement a robust process for receiving, recording and acting on complaints received. Ensure effective recruitment procedures are in place and include all necessary employment checks for all staff.
- Carry out and record a robust induction programme which prepared new staff for their role.
- Carry out a full cycle of clinical audits and re-audits to improve patient outcomes.
- Carry out risk assessments in relation to the building for example, legionella, substances hazardous to health and fire safety.
- Have policies and procedures in place for staff to ensure they are carrying out their role safely and consistently.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses however on the day of the inspection the practice were unable to provide the team with details of significant events that had occurred. Details of three were submitted after the inspection but these did not show that lessons were learned and they were not communicated therefore safety was not improved. There was no evidence to show that patients received reasonable support or an apology.
- Administration staff that acted as chaperones were trained for the role but had not received a check with the Disclosure and Barring service. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not carry out health and safety risk assessments for example, legionella, fire safety and they did not carry out fire drills.
- An infection control audit had been carried out.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse

Requires improvement



Are services effective?

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

- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- There was limited evidence of appraisals and personal development plans for staff as these were carried out in an informal way and not always recorded.
- There was no evidence that audit was driving improvement in patient outcomes.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed when compared to the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Requires improvement



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice told us that the lead GP visited vulnerable patients in hospital and discussed their cases with the senior nurse and consultant.
- The local residential homes were given a mobile telephone number in order to bypass the surgery line.
- The practice aimed to register whole families so that they could provide an holistic approach to the whole family and ensure continuity of care.

Are services responsive to people's needs?

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

Requires improvement



- Although information about how to complain was available and easy to understand we were told that the practice dealt with complaints informally and no record was kept regarding complaints made.
- 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 a named 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 practice hosted a hearing loss clinic once a month.
- The practice provided healthcare to a local boarding school for boys.

Summary of findings

- The practice provides an NHS circumcision clinic for the Bolton area.

Are services well-led?

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- All staff passwords into the training system were on a noticeboard in the administration office. This was removed when pointed out by the inspection team.
- The practice had some policies and procedures to govern activity but these were not easily accessible and were not all available on the day of inspection. For example the staff induction policy and whistleblowing policy were provided after the inspection.
- The practice told us that newly appointed staff had received informal inductions but these were not recorded.
- There was a leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents but this information was not shared with all staff and appropriate action taken.

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 provider was rated as requires improvement for safety, effective, responsive and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice told us that the lead GP visited vulnerable patients in hospital and discussed their cases with the senior nurse and consultant.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice embraced the Gold Standards Framework for end of life care. This included supporting patients' choice to receive end of life care at home.
- The doctor has given a mobile telephone number to the two local care homes, for which he is responsible for the residents, so that they may bypass the surgery number and contact him any time.
- The practice offer dementia screening and work closely with the Dementia Community nurses.
- The practice work together with elderly patients and where the patient has given consent, refer to the local befriending scheme who provide support to lonely and vulnerable patients.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety, effective, responsive and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 75% and similar to the CCG of 80% and the national average of 78%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

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

Families, children and young people

The provider was rated as requires improvement for safety, effective, responsive and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 71% of women aged between 25 and 64 had their notes recorded that a cervical screening test had been performed in the preceding five years which was lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day appointments were offered to children under the age of 12 where required.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice welcomed breast feeding mothers by making a room available for patients that required this.
- The practice had access to a female GP for patients that require one.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety, effective, responsive and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



Summary of findings

- 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.
- The practice offered telephone consultations for patients that required them.
- Extended hours are offered every Monday evening and one Tuesday evening each month.
- Weekend appointments with a GP and practice nurse are offered for patients that are unable to attend surgery during normal working hours.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety, effective, responsive and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Vulnerable patients had access to the social prescribing team who looked at health and social care needs.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety, effective, responsive and well led where the issues identified overall affected all patients including this population group. There were, however, examples of good practice.

- 94% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%

Requires improvement



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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 were published in January 2016. The results showed the practice was performing in line with local and national averages. 391 survey forms were distributed and 100 were returned. This was a return rate of 38% and represented 3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients said that staff were very helpful and friendly and that they were treated with dignity and respect. Three patients said that sometimes they find it difficult to get an appointment that was convenient to them.

Areas for improvement

Action the service MUST take to improve

- Maintain and monitor the quality assurance processes for reporting, recording, acting on and monitoring of significant events and ensure that patients affected receive reasonable support and where appropriate an apology
- Implement a robust process for receiving, recording and acting on complaints received.
- Ensure effective recruitment procedures are in place and include all necessary employment checks for all staff.
- Carry out and record a robust induction programme which prepared new staff for their role.
- Carry out a full cycle of clinical audits and re-audits to improve patient outcomes.
- Carry out risk assessments in relation to the building for example, legionella, substances hazardous to health and fire safety.
- Have policies and procedures in place for staff to ensure they are carrying out their role safely and consistently.

Outstanding practice

Dr Samir Naseef

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Samir Naseef

Orient House Medical Centre provides primary medical services in Bolton, Greater Manchester from Monday to Friday. The practice is open between 8.30am and 6.30pm Tuesdays to Fridays and until 8pm on Mondays and one Tuesday every month. The first appointment of the day with a GP is 9am and the last appointment with a GP is 6.20pm and 7.20pm on Monday evenings.

Orient House Medical Centre is situated within the geographical area of Bolton Clinical Commissioning Group (CCG).

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Orient House Medical Centre is responsible for providing care to 3094 patients.

The practice consists of a male lead GP partner and a male salaried GP, an advanced nurse practitioner and two part time practice nurses and a health care assistant. The practice is supported by a practice director, a practice manager and an administration team including receptionists.

When the practice is closed patients are directed to the out of hour's service BARDOC.

The practice is part of a group of practices who offer appointments with a GP and practice nurse seven days a week.

The practice is a teaching practice regularly taking students from Manchester University. The practice had received excellent feedback from the students

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 26 August 2016. During our visit we:

- Spoke with a range of staff including GPs, practice director and practice manager.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

- There was an informal system in place for reporting significant events but no clear system of recording such incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form used by the practice. It was unclear whether the form was available to staff as the practice were unable to present the form or any examples of significant events to the inspection team on the day of inspection. The incident recording form should support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Three recent significant event forms had been sent by the practice in the days following the inspection.
- We did not see any evidence that when things went wrong with care and treatment, that patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw minutes of meetings where the clinical team discussed significant events but these were not discussed with the administration members of staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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 always provided reports where necessary for other agencies. 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 but had not received a Disclosure and Barring Service (DBS) check or a risk assessment to explain why this decision had been made.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit was undertaken and we saw that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found that not all 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 were not included in the files of newer members of staff.

Monitoring risks to patients

- There were some 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 carried out a recent infection control audit.

Are services safe?

- 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 not had an up to date fire risk assessment and had not carried out regular fire drills. They did not have risk assessments in place to monitor safety of the premises in the control of substances hazardous to health (COSHH) 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.
 - All staff had received training in basic life support.
 - There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
 - 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.
- Arrangements to deal with emergencies and major incidents**

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 78% of the total number of points available which was lower than the CCG average of 95%. The practice had an exception rate of 4.5% which was lower than the GGC average of 7.8% and the national average of 9.2%. (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).

The practice told us that the lead GP had taken over the practice three years ago and that the previous GP had not used clinical codes. The practice had been adding clinical codes since then whilst the list size had increased from 1900 in November 2013 to the present list size of 3094.

Data from 2014/2015 showed:

Performance for diabetes related indicators was lower than the national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 82% compared to the national average of 80%.

- Performance for mental health related indicators was better than the national average. For example 93% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been several drug safety audits completed in the last two years which had been requested by the CCG medicines optimisation team, however they did not show any learning outcomes or improvements made within the practice.
- The practice participated in national benchmarking, accreditation and peer review.
- The practice had submitted one audit where findings were used by the practice to improve services. For example, recent action taken as a result included following best practice guidelines when prescribing medication for patients with pernicious anaemia. This audit had been carried out over 12 months ago and had not been repeated with a second cycle.

Effective staffing

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

- We were told that the practice had an informal induction programme for all newly appointed staff and as this was not recorded it was unclear what it included.
- 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 and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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.

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

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

Consent to care and treatment

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

- Staff 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.

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.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 96% to 100%.

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Some patients spoke of the difficulty getting an appointment but that staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

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

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (2% of the practice list). The practice had identified a member of staff who was the Carers Champion who ensured that written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered late appointments on a Monday evening and one Tuesday evening each month until 7.20pm for working patients who could not attend during normal opening hours.
- 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 and those only available privately.
- There were disabled facilities with translation services available. There was not a hearing loop available for patients with hearing difficulties.

Access to the service

The practice was open between 8.30am and 6.30pm Tuesday to Friday and until 8pm on Monday evenings. Appointments were from 9am to 11.30am every morning and 4pm to 6.20pm daily. Extended hours appointments were offered until 7.20pm on Monday evenings and one Tuesday every month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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.

All requests for home visits were passed to the GPs who would triage the request and 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 told us that they had an informal process for handling complaints and concerns. This process was not recorded and the practice did not show us any complaints that they had received in the previous 12 months.

- The practice did have a formal complaints policy and procedure which were in line with recognised guidance and contractual obligations for GPs in England. The policy was not followed as the practice did not record complaints received or provide a written response to patients.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system although it was not followed when complaints were received. The practice were unable to provide copies of complaints received in the last 12 months. We were told that all complaints had been dealt with informally and therefore we found that they were unable to learn from individual concerns and complaints. They were unable to analyse trends and act on results to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement, staff were unaware of this but they did have an understanding of the practice values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The arrangements for governance and performance did not operate effectively due to a lack of internal checks in place.

- The practice had some practice specific policies but these were not easily accessible to staff or to the inspection team on the inspection day.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, for example the practice carried out limited clinical audits and carried out limited recruitment checks when employing new staff.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained

Leadership and culture

Staff told us the GPs were approachable and always took the time to listen to all members of staff.

- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs encouraged a culture of openness and honesty. We did not see any evidence that when things went wrong with

care and treatment, that patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

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

- Staff told us the practice held some 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 partners in 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.

• The practice had gathered feedback from patients through the family and friends test and the patient participation group (PPG) which met regularly.

• The practice had gathered feedback from staff through 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

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

The practice were looking to replace the female GP that had recently left the practice but were struggling to replace with another female.

The practice were prioritising coding which would show an improvement in the QoF figures.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• They did not maintain and monitor the quality assurance processes for reporting, recording, acting on and monitoring of significant events.• They did not have a robust process for receiving, recording and acting on complaints received.• They did not have a system for investigating safety incidents thoroughly to ensure that patients affected received reasonable support and a verbal and written apology.• They did not carry out full cycles of clinical audits and re-audits to improve patient outcomes.• They did not carry out risk assessments in legionella, substances hazardous to health and fire safety. <p>This was in breach of regulation 17(1)(2)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have a robust induction process that prepared staff for their role. <p>This was in breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

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

How the regulation was not being met:

- The provider did not hold information such as ID, references, DBS checks in the files of its employees.

This was in breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014