

Dr Faisal Yunas

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Faisal Yunas practice on 7 March 2016. Overall the practice is rated as Good.

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 Care Quality Commission (CQC) at that time.

Our key findings were as follows:

- The practice had recently merged with another GP practice.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed. Risks to staff and patients were documented. Infection control, chaperoning and legionella testing assessments were not complete.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received some training appropriate to their roles but a training needs analysis had not been completed.
- Patients said they were treated with 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.
- Patients told us they could get an urgent appointment when they needed one but a small number of patients mentioned difficulties when contacting the practice by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff understood their roles and responsibilities.

We saw a number of areas where the practice must make improvements.

The practice must:

Summary of findings

- Complete a disclosure and barring service (DBS) check or a comprehensive risk assessment for all staff who act as chaperones.

We saw a number of areas where the practice should make improvements.

The practice should:

- Adopt nationally recognised guidelines when completing infection prevention control audits.
- Perform regular checks on the water system to minimise the risk of legionella.

- Include children's pads for the defibrillator as part of the emergency equipment.
- Introduce a tracking system for prescription forms and pads.
- Identify and plan training for individual staff members.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse.
- Staff acting as chaperones had not been subject to disclosure and barring service (DBS) checks and comprehensive risk assessments had not been completed to demonstrate how the practice would mitigate any risks to patients.
- Risks to patients were assessed, however not all risk assessments had been completed.
- The practice had facilities and equipment that were well maintained.
- Regular infection prevention control audits were carried out. However the template used was an annual checklist, not an audit benchmarked against nationally recognised guidelines.
- Prescription pads and forms for use in computers were stored securely but there was no robust system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).

Are services effective?

The practice is rated as good for providing effective services.

Good



- The overall Quality Outcome Framework (QOF) achievement in 2015/16 was below other practices nationally and in the Clinical Commissioning Group (CCG) but improvements had been made in the low scoring areas in 2015/6.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits were completed and repeated cycles demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff had regular meetings with other healthcare 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 showed that patients rated the practice comparable to local and national averages in most aspects of care. However the comments that related to treatment and care provided by the nursing staff were consistently above average when compared to other practices.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Carers were identified and supported by the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- New patient services such as minor surgery and joint injections had been introduced following the practice merger.
- Patients said they could get an urgent appointment on the same day.
- Same day appointments were available for children and those with serious medical conditions.
- 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. Learning from complaints was shared with staff and other stakeholders.
- The practice showed an awareness of health problems specific to the local population.
- GP partners had prioritised and completed a backlog of blood results and patient letters from the practice with which they merged.

Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

- It had a clear vision and strategy to increase the services provided by the practice and promote good outcomes for patients and their families. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The GP partners and the management team were aware of the practice performance and the specific requirements of their patients.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Every patient over the age of 75 years had a named GP and all hospital admissions were reviewed. This included patients that resided in nursing and care homes. Housebound patients received visits from the GPs and had access to an acute visiting service provided by the local clinical commissioning group (CCG). The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, risk profiling and case management. All over 75 year olds had been identified as at risk of unplanned hospital admissions and had individual personalised care plans. The practice was responsive to the needs of older people and offered same day appointments for patients on a case management register. The practice had identified and supported patients who were also carers. The practice provided a falls clinic for elderly patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients were reviewed in nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice used the gold standards framework (GSF) to provide end of life care. Monitoring was in place for patients that had shared care agreements.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the child immunisation rates were higher in eight of the 18 indicators when compared with the local CCG averages. The practice

Good



Summary of findings

worked with the health visiting team to encourage attendance. New mothers were offered post-natal checks and development checks for their babies. A contraception advice service was offered and free condoms were provided at the practice.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service available for non-English speaking patients was clearly displayed at the reception. The reception staff told us of the policy to provide an open service to asylum seekers and homeless patients.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 20 patients on the learning disabilities register, three had received annual health checks for the year ending 21 March 2016. The practice had planned to complete the remainder in a dedicated clinic by both a GP and a nurse scheduled before the end of March 2016. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. For example there were posters for a local support group for patients with a bipolar disorder. 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia.

The practice had regular meetings with other health professionals in the case management of patients with mental health needs. The practiced waiting room had information to signpost patients to local support services, for example, 'that place', a counselling and support service for young adults.

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate. For example, the practice referred patients to the one recovery service for drug and alcohol addiction.

Summary of findings

What people who use the service say

We collected 17 Care Quality Commission (CQC) comment cards. The comment cards highlighted that patients were generally satisfied with the staff but three comments mentioned difficulty when they had tried to make an appointment. The three negative comments referred to problems when contacting the practice by telephone to make an appointment. On the day of one of the comments, the practice evidenced that they had evacuated the practice due a fire risk.

The national GP patient survey results published on 7 January 2016 suggested that the practice performance was comparable to local and national averages in general levels of patient satisfaction. For example:

- 99% of respondents said the last appointment they got was convenient compared with the Clinical Commissioning Group (CCG) average of 92% and national average of 92%.
- 80% of respondents described their experience of making an appointment as good compared with the CCG average of 73% and national average of 73%.
- 78% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 69% and national average of 73%.

There were 92 responses and a response rate of 31%.

Areas for improvement

Action the service **MUST** take to improve

- Complete a DBS check or risk assessment for all staff who acts as chaperones.

Action the service **SHOULD** take to improve

- Complete regular infection prevention control audits using recognised guidelines.
- Perform regular checks on the water system to minimise the risk of legionella.

- Include children's pads for the defibrillator as part of the emergency equipment.
- Introduce a tracking system for prescription forms and pads.
- Identify and plan training for individual staff members.

Dr Faisal Yunas

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr Faisal Yunas

Dr Faisal Yunas' Practice is situated in the Staffordshire town of Tamworth. The practice was established in 1963, and Dr Yunas took over as a single handed GP in 2006. The practice provides services from a purpose built building owned by NHS Properties. Until November 2015, the building was shared with another single handed GP practice. On 30 November 2015 the two practices began the process of merging. This was completed in February 2016 when the two computer systems were integrated. Following the merger, Dr Yunas recruited two additional GP partners and appointed an interim manager to oversee the administrative tasks.

The practice has a list size of 3,931 patients of which a higher than average percentage are under 18 years of age (22.6% compared to Clinical Commissioning Group (CCG) average of 19.6%) and a lower than average number of patients over 65 years of age (15.2% compared to a CCG average of 20.2%). The ethnicity data for the practice shows 97.4% of patients are white British. The area is one of higher deprivation when compared to national averages sitting in the third less deprived centile with a deprivation score (IMD 2015) of 30 compared to the CCG average score of 15. Prior to the merger Dr Yunas had a list size of 2,150 patients.

The three GP partners work a combined total of sessions per week equal to one point five whole time equivalents.

The GP partners are assisted by a clinical team consisting of one full time salaried GP and two practice nurses. The administration team consists of a practice manager, a locality manager, three administration staff and five reception staff.

The practice telephone lines open from 8am to 6.30pm on a Monday, Tuesday, Wednesday and Friday. On a Thursday the lines are open from 8am to 2pm. The reception opens from 8.30am to 6.30pm, Monday to Friday and until 2pm on a Thursday. A GP is on call on a Thursday from 2pm until 6.30pm and patients are given an emergency mobile number to contact. Consulting times are from 9am to 11.30am and from 3.30pm to 5.30pm. When the practice is closed patients' telephone calls were diverted to the NHS 111 service. The practice opted out of providing an out of hour's service, choosing instead to use a third party provider. The nearest hospitals with A&E units are situated at Good Hope Hospital, Sutton Coldfield, Queen's Hospital in Burton-Upon-Trent and Walsall Manor Hospital. There is a minor injury unit at the Sir Robert Peel Hospital in Tamworth.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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 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
- 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)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 7 March 2016.

We spoke with a range of staff including the GP, nurses, practice manager and receptionist during our visit. We sought the views of the patients through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published 7 January 2016.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been four events recorded in the preceding 12 months.

- Staff told us that any significant event or incident was recorded on a template and then handed to the practice manager.
- The practice carried out timely analysis of individual significant events at a monthly practice meeting and disseminated learning to staff unable to attend.
- Significant events were a standing agenda item for the monthly practice meeting. Minutes seen from the meetings demonstrated that events were discussed and communicated to all staff.

We reviewed safety records, incident reports and national patient safety alerts. Lessons were shared to make sure action was taken to improve safety in the practice. For example, correspondence from an external source had incorrect details and had been attached to the wrong patient's records. As a result, in addition to name and date of birth, the practice protocol was amended to include a third identity check, the patient NHS number, when a patient's notes were accessed.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. Clinicians were engaged with the process and information was shared through a central store of electronic documents available to all staff. The number of events recorded was low for a 12 month period but the GP partners told us that they encouraged Duty of Candour through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and 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. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs and nurses had attended level three training in safeguarding. A GP partner was the appointed safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role.
- Notices at the reception advised patients that staff would act as chaperones, if required. Staff who acted as chaperones had not all received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was a risk assessment for staff to act as chaperones but it did not include comprehensive details of risks involved and how they had been mitigated. The practice stated that DBS checks would be done on the non-clinical staff before they continued to act as chaperones.
- The premises was a serviced building and a cleaning team maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Hazardous waste was stored securely and disposed of appropriately through a registered contractor.
- The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in hand washing and specimen handling. The infection control lead had not received additional training and was unaware of some guidelines. For example, treatment rooms should not have exposed plaster on the wall surface above the treatment couch.
- An Infection control audit was completed in February 2016. The previous audit had been completed in April 2013. A number of issues seen on the day suggested that infection prevention control could be more robust. For example, not all sharps boxes were labelled and general waste bins in treatment rooms were not all covered pedal operated containers. The practice manager and infection control lead stated that the time

Are services safe?

between audits should be shorter and planned to complete an annual audit in future. The template used was a checklist that was completed without reference to national guidelines.

- Arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.
- Prescription pads and forms for use in computers were stored securely but there was no robust system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud).
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, health screening had been completed for all new staff.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice completed a fire risk assessment and staff received fire safety training. Fire drills were carried out every six months. The last fire drill had been performed on 8 February 2016. Firefighting equipment was serviced annually.
- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a buddy system to provide cover for holidays and absence.

- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.
- The landlord of the premises had undertaken a formal risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings). There was no evidence that the regular checks on the water system had been completed. For example, the temperature of water should have been monitored but no documented evidence was seen to prove this was done.
- Some risk assessments had been completed but there was no single risk log that included all identified risks.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system which alerted staff to any emergency.
- All staff had received up to date training in basic life support.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). There were no children's chest pads for the defibrillator.
- There was a first aid kit and accident book and staff knew where they were located.
- The practice had a written business continuity plan in place for major incidents such as power failure or building damage. A copy was kept off site by the partners and the practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.
- NICE guidelines were disseminated to relevant staff members by the practice manager.

The practice was aware of the local needs of the population and engaged with the local clinical commissioning group (CCG). For example, the practice told us that CCG meetings were normally attended by more than one GP partner.

The practice had a register of 20 patients with learning disabilities. Annual reviews had been completed on three of the 20 patients for the year ending 31 March 2016. Reviews for patients with learning disabilities were planned annually in March when dedicated clinics run by the nurse and the GP. The clinics had been scheduled for March 2016 and staff told us that they expected to have completed checks on all patients with learning disabilities by 31 March 2016.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed:

- The practice achieved 86.9% of the total number of points available in 2014/15. This was lower than both the CCG average of 92.7% and the national average of 93.5%. It was also lower than in 2013/14 when the practice achieved 93.5% of the total number of points available.

- Clinical exception reporting was 4.6%. This was lower than the CCG average of 9.9% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that patients were not excepted without authorisation by a GP or a nurse.

We discussed the performance results with the practice manager and lead nurse. They were aware of indicators that performed below the average and could demonstrate that improvements had been made in 2015/16. For example the QOF performance indicator for dementia had increased from 76% in 2014/15 to 83% in 2015/16.

There had been four clinical audits in the last year. Three of the four audits were completed by the medicines optimisation team from the CCG and focussed on cost saving and appropriate prescribing of antibiotics. One audit for medication to treat patients with a heart condition evidenced that improvements had been made and were monitored. The audits included a plan to perform repeated cycles.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

Effective staffing

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

- The nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- GPs had additional training in minor surgery.
- The practice provided training for all staff. It covered such topics as safeguarding, infection prevention and control and confidentiality. However there was no clear policy and record of what training was required by staff members and when it had been completed or planned.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as

Are services effective?

(for example, treatment is effective)

hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GP told us that regular reviews were done for all patients who had care plans. Outcomes and follow up were coordinated in meetings held monthly.
- The practice team held regular meetings with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list and review the care plan annually.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years of age were invited to attend for a NHS Health Check with the practice nurse. Any concerns were followed up in a consultation with a GP.
- Travel vaccinations and foreign travel advice was offered to patients.

Data from QOF in 2014/15 showed that the practice had identified 13.94% of patients with hypertension (high blood pressure). This was comparable the CCG average of 14.97% and national average of 14.06%.

The practice's uptake for the cervical screening programme was 82.5% which was comparable with the CCG average of 81.2% and the national average of 81.8%.

Data from 2014, published by Public Health England showed that the number of patients who engaged with national screening programmes was comparable with local and national averages.

- 68.4% of eligible females aged 50-70 attended screening to detect breast cancer. This was comparable with the CCG average of 73.2% and national average of 72.2%.
- 47.8% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was significantly lower than the CCG average of 61.7% and the national average of 58.3%.

We discussed this performance with the practice nurse and were told of a protocol that required patients to be telephoned after they had failed to attend screening programmes arranged by public health.

The practice provided childhood immunisations rates were comparable with CCG and national averages.

Vaccination rates for uptake of the seasonal flu vaccination were higher than average. In the latest vaccination programme, and as of the 7 March 2016, data showed:

- 68% of patients aged 65 and over had received the vaccinations.
- 45% of at risk patients under 65 years of age had received the vaccinations.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect.

We collected 17 Care Quality Commission (CQC) comment cards. Patients were generally positive about the service they experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Three comments from individual patients expressed that they found it difficult to make an appointment. The GP patient survey published in January 2016 indicated that access to appointments was good. For example, 99% of respondents said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A notice at the reception advised patients that a confidential room was available if they wanted to discuss sensitive issues.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 301 patients to submit their views on the practice, a total of 92 forms were returned. This gave a return rate of 31%.

The results from the GP national patient survey showed patients were satisfied with how they were treated by the GPs and nurses. The practice had satisfaction rates comparable with both local and national averages. For example:

- 80% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 88% and national average of 87%.

- 99% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 89% said they find the receptionists at the surgery helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed patient satisfaction was comparable to both CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment with GPs. Where performance was below the local and national averages, the practice was able to explain how improvements were anticipated. The GP patient survey published in January 2016 showed:

- 70% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 82%.
- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 94% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86% and national average of 85%.
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.

The GP partners were aware of the survey results. They believed that the continuity of GPs, now possible with the addition of two new partners, would result in improved scores on GP satisfaction in future.

Patient/carer support to cope emotionally with care and treatment

The practice had a carer's policy that promoted the care of patients who are carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. There was a carer's register that numbered 84 patients. There was a dedicated notice board for carers situated in the practice waiting room with information on support and services provided both at the practice and in the local community.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

Are services caring?

If a patient experienced bereavement, practice staff told us that they were signposted to services and were supported by a GP when appropriate.

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 provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these. The practice used an acute home visiting service commissioned by the local CCG and provided home visits from one of their own GPs.
- Same day appointments were available for children and those with serious medical conditions.
- There was a toilet suitable for disabled access and an entrance door that opened automatically.
- Translation services were available for patients.
- There was a hearing loop at the reception desk.
- Baby changing facilities were available and well signposted.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Regular multidisciplinary team meetings were held. For example, a monthly meeting was held with the district nurses and community matron to discuss avoidable hospital admissions and patients on palliative care.

Access to the service

The practice telephone lines opened from 8am to 6.30pm, Monday, Tuesday, Wednesday and Friday. The reception opened from 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday. Consulting times were from 8.30am to 10.30am and from 3.30pm to 5.30pm. On a Thursday the practice closed at 2pm after which a mobile number could be used to contact the on call GP for urgent advice. When

the practice was closed patients' telephone calls were automatically diverted to the NHS 111 service. The practice opted out of providing an out of hours service choosing instead to use a third party provider.

Pre-bookable appointments could be booked up to four weeks in advance and same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with GPs within one week and with nurses the next working day. We saw that urgent appointments with a GP were available on the day of inspection.

Results from the national GP patient survey published in January 2016 showed comparable rates of satisfaction for indicators that related to access when compared to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 99% of patients said the last appointment they made was convenient compared to the CCG average of 92% and national average 92%.
- 78% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 69% and national average of 73%.
- 75% of patients were able to secure an appointment the last time they tried compared to the CCG average of 85% and national average of 85%.

Listening and learning from concerns and complaints

The practice had an effective 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 was available to help patients understand the complaints system and the complaints process was detailed in the practice booklet.

The practice had received two complaints in the last 12 months. All complaints were either ongoing, or had been investigated and responded to in line with the practice complaints policy. Complaints were discussed individually with staff and at practice meetings. The practice provided

Are services responsive to people's needs?

(for example, to feedback?)

apologies to patients both verbally and in writing. There were two reviews for 2015 on the NHS Choices website, one of which gave the practice a five star rating (ratings are from

one to five stars with five stars being best). However there was also a one star review that contained negative comments on the appointment system. The practice had not responded to either comment.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice did not have a formalised business plan, although the partners and the management told us of plans for the future that had been discussed and agreed between GP partners and the practice management team. These included a plan to become a training and teaching practice and to provide more services in primary care to serve the local community. For example, minor surgery and joint injections.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Management meetings were held weekly.
- The practice employed a manager for a day each week to assist with the merger.
- Practice specific policies were implemented and were available to all staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice held monthly clinical meetings and had a set of standard agenda items that included safeguarding, palliative care patients and significant event reviews.

Leadership, openness and transparency

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP partners, lead nurse and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs

encouraged a no blame culture, openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and there was a whistleblowing policy available to all staff.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, feedback and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

The practice was aware of patient feedback through completed forms that could be posted in a suggestions, comments and compliments box situated in the patient waiting room. Practice staff were aware of the results of the GP Patient Survey published in January 2016. There was a Patient Participation Group (PPG) but it was in the early stages of formation and had not been in existence for sufficient time to have influenced decisions made at the practice.

Staff told us that their opinions were sought and valued by both the GPs and the practice manager. Practice staff had undergone one to one reviews during the merger of the two practices. The merger resulted in a variance in contracts, for example with pay and annual leave entitlement. Staff told us that the issues had been discussed and addressed. Terms and conditions for staff were in the process of being aligned with the support of external human resource support.

Continuous improvement

The staff we spoke with told us they felt supported to develop professionally and all had received recent

Are services well-led?

Good 

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

appraisals. The senior GP spoke of the plan to upskill staff to strengthen the team. For example, reception staff were being trained on administrative tasks such as scanning. The GP partners had aspirations to become a training and teaching practice.

Innovation

The practice was not involved in any innovative projects at the time of inspection. The partners told us that priorities

were given to challenges that arose from the merger and the safety and treatment of the additional patients. For example, the practice merged into Dr Yunas' practice had been without a regular GP and a backlog of test results had accumulated. These results were divided between the partners and worked through appropriately to ensure no patient follow up was missed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Checks carried out on persons employed must meet the requirements of schedule three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	