Donald Wilde Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 11

Areas for improvement 11

Detailed findings from this inspection

Our inspection team 12

Background to Donald Wilde Medical Centre 12

Why we carried out this inspection 12

How we carried out this inspection 12

Detailed findings 14

Action we have told the provider to take 26

Overall summary

Letter from the Chief Inspector of General Practice

We first carried out an announced comprehensive inspection of Donald Wilde Medical Centre on 10 March 2015. The practice was then rated as good in all areas.

We carried out an unannounced focussed inspection at Donald Wilde Medical Centre on 3 August 2016 in response to receiving allegations from a whistleblower. During the August 2016 inspection we found breaches in regulations 16 (receiving and acting on complaints), 17 (good governance) and 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The full reports for the March 2015 and August 2016 inspections can be found by selecting the 'all reports' link for Donald Wilde Medical Centre on our website at www.cqc.org.uk.

This inspection, on 29 September 2017, was an announced comprehensive inspection, where we also checked that previously identified breaches had been acted on. 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, significant events were not fully reviewed and evidence of learning was not kept.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were usually at or above average when compared to the national average.
- We saw one example of a completed audit cycle. However, audits were not used as a way of driving improvements and they were not shared with all clinicians.

Summary of findings

- The repeat prescribing of high risk medicines was not always effective, with protocols not providing enough information for clinicians.
- Training was not well-monitored and there was no evidence of induction training.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services was available, including some information translated into Bengali.
- The practice had a number of policies and procedures to govern activity, but these were not always followed.

The areas where the provider must make improvements are:

- Ensure all complaints are dealt with appropriately.
- Establish effective systems and processes to ensure good governance is in place in accordance with the fundamental standards of care.
- Undertake clinical audits in a way to drive improvement for patients.
- Ensure procedures are in line with the practice policies, and review protocols to ensure they contain sufficient information.
- Ensure learning from significant events is documented and monitored.
- Review the system in place for the monitoring of training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

- Consider having a nebuliser so certain medicine kept at the practice can be administered.
- Work towards increasing the number of carers on the carers register, and improving provider support for carers.
- Have a policy for patients under the age of 16 making appointments and ensure reception staff are all aware of the correct procedure.

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?

Requires improvement

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, some quality improvement issues were incorrectly recorded as significant events. When things went wrong staff told us this was discussed in meetings. However documentation to show that learning had been considered and implemented was not kept. Significant events were not reviewed to ensure they were not repeated.
- Repeat prescribing of high risk medicines was not always effective. There was a repeat prescription policy but this did not mention high risk medicines, and some of the protocols described to us by the practice GPs were not documented for staff to refer to, including locum GPs..
- We did not see evidence of searches being carried out following the receipt of safety alerts, which would identify patients whose prescriptions may need amending.
- Recruitment procedures were not effective and policies were not being followed. For example, we saw gaps in the employment history of recently recruited staff and there was no record of these being queried. Evidence of identity, or of registration with the appropriate professional bodies, was not always kept. Although we were told that salaried GPs were interviewed, records of interviews were not kept. The practice did not follow their policy of requesting two references for new staff.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had good arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- There was no evidence that audit was driving improvement in patient outcomes. Although GPs told us of audits that had taken place, no evidence of the majority of these was available.

Summary of findings

- Training was not well-monitored so evidence of what training staff had received was not evident.
- There was evidence of appraisals for the majority of staff. However, there was no evidence of induction training.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Multi-disciplinary working was taking place but record keeping for this was limited.

Are services caring?

Good 

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified a low number of their patients were carers, and no specific support for carers was offered.

Are services responsive to people's needs?

Requires improvement 

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

- Patients could get information about how to complain. However, there was no evidence of learning from complaints and the complaints procedure was not always followed.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named, with urgent appointments available the same day.
- Although there was no extended hours opening, patients could access a GP at a nearby practice during the evenings and at weekends.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

Are services well-led?

Requires improvement

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

- The practice had a number of policies and procedures to govern activity. However, not all these were followed, for example the safeguarding policy and complaints procedure.
- There was no evidence of staff receiving induction training, although annual performance reviews were held.
- The practice proactively sought feedback from patients in the patient participation group (PPG). However this was not well-attended. They had carried out a patient survey.
- The lead GP encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff.
- There had been significant staff changes during the previous 18 months, particularly in leadership roles. This had resulted in a new practice manager, and one of the two partners, who was still formally a partner at the practice, had left. While there was still some uncertainty about the staff structure new salaried GPs had been recruited.
- There was a leadership structure and staff felt supported by management.
- Regular meetings were held but meeting minutes did not contain sufficient information.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff we spoke with were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice offered health checks for patients older patients.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe, effective, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice nurse had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 89%. This was above the CCG average of 87% and below the national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP or practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Reception staff told us patients under the age of 16 were not able to make an appointment to see a GP without a parent being present. This meant that some young people could be denied a confidential medical appointment.
- Immunisation rates were in line with the national average for all standard childhood immunisations.
- Some appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. However, the practice had not appointed a CQC Registered Manager for maternity and midwifery services.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students).. The provider was rated as requires improvement for safe, effective, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Health checks for patients aged over 40 were offered. During 2016-17 of the 342 eligible patients 156 had attended for a health check.
- The practice did not offer extended opening hours. There was the facility for patients to attend a nearby practice for an appointment until 8pm during the week, or during the weekend.
- The practice offered online services as well as a range of health promotion and screening that reflects the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting during 2016-17. This was above the CCG average of 82% and the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was 100%. This was above the CCG average of 92% and the national average of 93%.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. 293 survey forms were distributed and 89 were returned. This was a response rate of 30%, representing 2% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 85% and the national average of 85%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients stated they found GPs and staff to be caring and friendly. They said they could easily access appointments.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said appointments, including emergency appointments, were easy to access.

Areas for improvement

Action the service MUST take to improve

- Ensure all complaints are dealt with appropriately.
- Establish effective systems and processes to ensure good governance is in place in accordance with the fundamental standards of care.
- Undertake clinical audits in a way to drive improvement for patients.
- Ensure procedures are in line with the practice policies, review protocols to ensure they contain sufficient information.
- Ensure learning from significant events is documented and monitored.
- Review the system in place for monitoring of training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service SHOULD take to improve

- Consider having a nebuliser so medicine kept at the practice can be administered.
- Work towards increasing the number of carers on the carers register, and improving provider support for carers.
- Have a policy for patients under the age of 16 making appointments and ensure reception staff are all aware of the correct procedure.

Donald Wilde Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Donald Wilde Medical Centre

Donald Wilde Medical Centre is situated on a main road close to the centre of Oldham. It is a purpose built single storey building. It is fully accessible for patients with mobility difficulties and there is a car park at the rear of the building.

There are two GP partners, both male. However, although one of the GPs is formally a partner at the practice they have not worked at the practice since March 2017. There are five female salaried or long term locum GPs. There is a practice manager, a practice nurse, a healthcare assistant and administrative and reception staff.

The practice is open from 8am until 6.30pm Monday to Friday. Surgery times are:

Monday 9am – 12 noon and 2pm - 6.30pm

Tuesday 9am - 1.30pm and 3pm - 5.30pm

Wednesday 8.30am - 12.30pm and 3pm - 5.20pm

Thursday 8.30am -1.10pm and 2pm - 4.30pm

Friday 8.30am – 12noon and 2pm - 6.30pm.

The practice has 5038 patients. It has a General Medical Services (GMS) contract and is a member of NHS Oldham clinical commissioning group (CCG).

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc Ltd, via NHS 111.

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 including the clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 29 September 2017. During our visit we:

- Spoke with a range of staff including the lead partner, a salaried GP, the practice nurse, the practice manager and administrative staff.
- Spoke with patients and members of the patient participation group (PPG).
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Requires improvement

Are services safe?

Our findings

Our inspection of 3 August 2016 found that sufficient information about the staff working at the practice was not held. No information was held for the practice nurse, advanced nurse practitioner and the two most recently recruited members of administrative staff. A Disclosure and Barring Service (DBS) certificate was held for one of the two current locum GPs but no other information about them was held.

During this inspection we found that although there had been some improvements to the system, further improvements were required.

Safe track record and learning

There was a system for reporting and recording significant events but this was not wholly effective.

- Staff told us they would usually inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident and given an apology.
- We discussed significant events with GPs. Some areas where it had been identified that improvements to practice protocols could be made had been incorrectly recorded as significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- We saw evidence of a serious breach of confidentiality which had been recorded as a significant event. Meeting minutes did not confirm this had been discussed, and no learning was documented.
- GPs and administrative staff told us that significant events were discussed in practice meetings. However, meeting minutes did not record what had been discussed so learning from significant events was not documented.
- Trends in significant events were not monitored; there were no reviews of significant events and no annual review to ensure they had not been repeated.
- We saw that several significant events were regarding mix-ups with patients' names. It had been identified that there was a training need but this had not been formalised.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies 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. We found that the GPs attended safeguarding meetings when possible.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- The safeguarding policy stated that when a child did not attend two appointments their parent/s received a telephone call and a referral to the health visitor was made.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene.

Requires improvement

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training in hand washing. Annual IPC audits were undertaken. Although there was an action plan in place this was not formally updated to record when actions had been completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions. However, the repeat prescribing of high risk medicines such as methotrexate (used to treat conditions such as rheumatoid arthritis and certain cancers) was not always effective. GPs told us there was a protocol that this medicine was not available on a repeat prescription. However, we saw an example of a prescription being repeated. There was a repeat prescription policy but this did not mention high risk medicines, and some of the protocols GPs described to us were not documented for staff to refer to, including locum GPs.
- A clinical pharmacist from the CCG carried out medicines audits and we saw evidence of medicines being changed following an audit. However, we did not see evidence of searches being carried out following the receipt of safety alerts, which would identify patients whose prescriptions may need amending.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The practice did not have a nebuliser although they kept a supply of nebules. Nebules contain a medicine which, when inhaled using a nebuliser, makes it easier for the patient to breathe. During the inspection the lead GP told us they would look into purchasing a nebuliser.
- We reviewed 10 personnel files, including those for four GPs and administrative staff who had started work within the previous 12 months. The practice's safeguarding policy stipulated that all new staff must have a face to face interview, two references, a check of professional registration and gaps in employment queried. We did not see evidence of all these checks being carried out. For example, the practice manager told us they asked GPs and nurses for evidence they were registered with the appropriate professional body. No evidence was held of these checks taking place. There were gaps in the employment history of all four staff employed within the previous year and no evidence of these being queried. Only one reference had been sought for three of the staff members. The lead GP interviewed all new GPs, but no evidence of the interview was kept. Evidence of identity was not kept for all staff and where appropriate, reasons for leaving past employment had not always been asked for.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice manager said they carried out informal health and safety checks, although these were not documented.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. We saw that updated fire training had been booked for November 2017.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. There had been shortages in administrative staff during the previous few months, but other staff had covered.

Requires improvement

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had good arrangements to respond to emergencies and major incidents.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff told us they discussed NICE updates at clinical meetings. However, this was a new process that had been put in place this year.
- Although we saw the clinical pharmacist from the clinical commissioning group (CCG) had changed some medicines being supplied, we saw no evidence of searches to show new guidelines had been considered for individual patients.

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 98% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%. The clinical exception rate was 5% which was below the CCG average of 7% and the national average of 10%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was 89%. This was above the CCG average of 87% and below the national average of 90%.
- Performance for mental health related indicators was 100%. This was above the CCG average of 92% and the national average of 93%. The exception reporting rates for mental health related indicators were above the CCG and national averages. For example, the percentage of women aged 25 or over and who had not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes recorded that a cervical screening test has been performed in the preceding five years had an exception reporting rate of 25%. This was above the CCG and national average of 20%.

There was insufficient evidence of quality improvement including clinical audit:

- There had been a two cycle atrial fibrillation audit that had been supported by a medicine company. The re-audit showed the majority of patients were prescribed the correct medicine. However, a GP told us the results of audits were not shared.
- We saw that a CCG pharmacist carried out medicine review audits.
- Although the practice told us several clinical audits had been carried out they were unable to provide evidence of this.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- Although the recruitment policy stated an induction programme would be put in place for new staff, we saw no evidence of any induction training being provided.
- The practice manager explained how they arranged for staff to complete mainly on-line training courses, with face to face training when required. However, the system in place to monitor training did not provide this assurance. We saw an example of one staff member completing 17 on-line training courses in two hours, which raised concerns about the effectiveness of this training.
- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Annual appraisals were carried out for staff. The lead GP carried out the appraisals for the nurse, healthcare assistant and practice manager. No in-house appraisals were carried out for salaried GPs, although all GPs were up to date with their external clinical appraisals.
- 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. We saw that staff were able to request additional training appropriate to their roles, and we saw examples of this being arranged.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- However, reception staff told us that patients under the age of 16 were not able to make an appointment without a parent being present. This meant that some young people could be denied a confidential medical appointment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- The practice nurse and healthcare assistant were able to provide advice on smoking cessation. They could also refer patients to another specialist local service for smoking cessation.
- The practice nurse and healthcare assistant were able to provide weight management advice, and some patients attended to be weighed weekly.
- There was no on-site drug or alcohol service but patients were referred to a nearby service.

The practice's uptake for the cervical screening programme, using information from the QOF, was 100%. This was higher than the CCG and national average of 97%. We saw information regarding cervical screening had been translated into Bengali, a language understood by approximately 40% of patients.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds averaged 98%, which was above the national average of 91%. The rates for vaccines to five year olds was in line with the national average, with a below average exception reporting. The practice nurse telephoned patients who did not attend for their cervical screening test.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. During 2016-17 342 patients were eligible for an NHS health check and 156 had been completed. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice offered a flu vaccine to all eligible patients and they were having a flu vaccination open day the weekend following our inspection. The practice manager told us that if uptake was low they would ask the local mosque if accurate information on this service could be given to patients there.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 completed comment cards which were all positive about the standard of care received.

We spoke with nine patients during the inspection including two members of the patient participation group (PPG). They were generally satisfied with the care they received and thought staff were approachable, committed and caring.

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

- 83% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 80% of patients said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 86% and national average of 86%.
- 94% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 92%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The latest results for the Friends and Family test indicated that most patients were likely or extremely likely to recommend the practice to others.

We also reviewed the results of the in-house patient survey which reflected a sample of the patient population and also were positive about the standard of care received. There were 68 questionnaires handed out and 38 were completed. Although only a summary of the results was available this showed 92% of patients were happy with the opening hours of the surgery and 94% of patients were happy with the care they received and the staff and the clinical staff at the surgery.

However 55% of the surveys indicated that patients found it difficult to get through to the surgery by telephone in the morning to make an appointment. Patients highlighted the following:

- Not able to get through on the telephone in the morning.
- Not able to book appointments on the same day or few days in advance.
- Not aware of online access.
- Not aware of the patient participation group.

Good

Are services caring?

The practice implemented an action plan to address these points and it included:

- Contacting their telephone supplier to see if the practice could increase the lines and/or call waiting facility.
- Having two administrative staff in the morning to answer the calls.
- Promoting online access by means of posters and word of mouth from staff.
- Appointing a PPG Champion to promote the PPG and contact the local mosque and community centre to engage with PPG.

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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 below the local and national averages for consultations with GPs and nurses. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 92%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The electronic referral service was used with patients as appropriate. (This is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 25 patients as carers (0.5% of the practice list). There was a Carers' Champion within the practice who maintained a carers' register however there was no evidence that those patients were signposted accordingly to the appropriate support service. Health checks specifically for carers were not offered.

Staff told us that if families had experienced bereavement, the practice 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Our inspection of 3 August 2016 found that there was no evidence that all complaints were investigated and responded to. Verbal complaints were not recorded and when patients received a written response to a complaint they were not informed they could escalate their complaint to the Parliamentary and Health Service Ombudsman (PHSO).

During this inspection we found that although the complaints system had improved, further improvements were required.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice did not offer extended hours opening. However, seven day access to a GP was available at a nearby practice.
- There were longer appointments available for some patients, for example if they had a learning disability or required an interpreter.
- Face to face interpreters were provided when required. The practice estimated 40% of their patients spoke Bengali, although not all as their first language.
- Home visits were available for older patients and for 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 vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. There were morning and afternoon appointments each day at varying times. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. Patients could also book a telephone appointment.

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.

- 73% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 71%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.
- 69% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. On the day of the inspection we saw that urgent appointments were available on the same day, and routine appointments were available in four working days. During August 2016 CQC received three complaints regarding the lack of appointments, with one patient saying they were re-directed to the NHS walk-in centre. The practice manager stated that appointments had improved since then and it was very rare now for a patient not to be able to access an appointment at an appropriate time.

The practice had a system to assess:

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

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

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

GPs visited their own patients when appropriate. There was also a GP visiting scheme within their cluster of practices. GPs from this practice carried out home visits for certain acute needs for patients from other practices.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- There was a 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.
- We saw that information was available to help patients understand the complaints system. This included a leaflet and a poster.

We looked at the complaints received at the practice and found they had not always been handled in a satisfactory manner. Although the policy stated that all written complaints should have a final written response this was not always the case, with some complaints being noted they had been resolved by telephone. We saw an example of a complaint response letter. This did not contain details of how the complainant could escalate the complaint if they were unhappy with the response. However, it was noted that a complaints leaflet had been enclosed and this contained details of the Parliamentary and Health Service Ombudsman (PHSO).

We saw that one complaint had been made by the relative of a patient. The patient's consent was not recorded and there was no record of whether or not the patient had the capacity to consent to the complaint being made. The complaints policy gives guidance about the procedure to follow if a complaint was received by a third party, and this was not followed.

Learning points were documented on the complaints log kept by the practice manager. Some of these indicated that staff training was required. However, this was not followed up on so it was not possible to determine if actions had been completed. Meeting minutes suggested that complaints were discussed, but minutes did not contain detail of the discussion. For example, the clinical meeting on 10 August 2017 contained the comment 'no appointments' in the complaints section. Nothing else was noted so it was unclear if there was an issue or if a solution had been discussed. We noted that no complaints had been recorded in the period February to August 2017. However meeting minutes during this time suggested some had been made.

Are services well-led?

Requires improvement

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

Our findings

Our inspection of 3 August 2016 found that adequate systems, processes and checks were not in place.

During this inspection we found that improvements were still required in this area.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. There was a mission statement which staff were aware of.

Governance arrangements

The practice had an overarching governance framework. This outlined the structures and procedures:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and the practice nurse had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. However, these were not always followed, for example the complaints policy.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- We saw no evidence of a programme of continuous clinical and internal audit. Audits were not shared with all clinicians and we saw one audit cycle which had been supported by a medicine company. There was no process in place for audits to drive improvement and monitor quality.
- Minutes from meetings were held, but these did not contain enough detail to show that lessons were learned and appropriate information shared following significant events and complaints.

Leadership and culture

The practice formally had two partners. However, one partner had stopped working at the practice in March 2017. The remaining partner had recruited new salaried GPs to build a new team. Staff told us the lead GP and practice manager were approachable and took the time to listen to members of staff.

There had been several personnel changes during the previous 18 months. The practice manager had previously left and the healthcare assistant had become the new practice manager. The lead GP and practice manager explained that this had been a difficult time and they had put in place new systems and processes to try to improve the running of the practice. These were not yet fully embedded due to the short time-frame.

The provider was aware of and had systems 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). They kept a record of incidents relating to the duty of candour. Staff had not been trained on communicating with patients about notifiable safety incidents, but all stated they would inform their manager.

We found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- Records were not always kept of these interactions.

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

- The practice held and minuted a range of multi-disciplinary meetings. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular clinical and administrative meetings. We saw the minutes that had been kept. These usually gave brief information about what had been discussed, but they would not have been able to provide staff who had not been present with enough information.
- Staff said they felt respected, valued and supported by the lead GP and practice manager.

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

The practice told us it encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- There was a patient participation group (PPG) that met every few months. Although the PPG decided the frequency of the meetings the practice used meetings as a way to disseminate information, particularly about

Are services well-led?

Requires improvement

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

changes to the practice. Membership was not reflective of the practice population. There were three to four active members, with one or two usually attending each meeting.

- PPG members had written a practice newsletter, that was also available in Bengali. This provided patients with up to date staff information.
- The practice had carried out an in-house patient survey in May 2017. We saw the report they had produced of the results, showing that on the whole patients were satisfied with the service provided. Patients had commented about difficulty getting through to the practice by telephone. The practice had responded by increasing staff during the morning and looking at increasing the number of telephone lines into the practice. The practice had not kept any of the completed surveys.
- The NHS Friends and Family test results showed the majority of patients were extremely likely/likely to recommend the practice to others.

Continuous improvement

The lead GP was the remaining partner. They were looking at the structure of the practice, particularly as the GP who had left was the CQC Registered Manager for the regulated activity 'surgical procedures'. At the time of the inspection no surgical procedures were taking place but it was hoped this would recommence and a new Registered Manager would be appointed. In addition, the practice had not appointed a CQC Registered Manager for the regulated activity 'maternity and midwifery services'.

The lead GP and practice manager told us they were working on stability for the practice after the period of staff changes. They also said they hope to increase the membership of the PPG.

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 Maternity and midwifery services Surgical procedures Termination of pregnancies	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person did not have a system for learning from complaints. Discussion from complaints was not fully documented and learning was not evidenced. This was in breach of regulation 16 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Training was not adequately monitored or recorded, and there was no evidence of induction training. Although policies and procedures were in place these were not always followed, or did not contain enough guidance for staff. Learning from significant events was not documented or reviewed to ensure significant events were not repeated. The repeat prescribing of high risk medicines was not always effective, with protocols not in place for appropriate guidance. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not ensure all relevant information was available before new staff were

This section is primarily information for the provider

Requirement notices

employed. This included having a full employment history, evidence clinicians are registered with the appropriate professional body, reasons for leaving past employment and evidence of identity.

This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.