Dr Mohammed Islam - Artane

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mohammed Islam– Artane Medical Centre on 5 January 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Although information about safety was recorded and discussed in meetings, the practice meetings did not have a clear process for acting on and reviewing significant event audits (SEAs) and near misses.
- There was no policy or risk assessment in place, with no emergency medicines available onsite, with the exception of an anaphylaxis kit and oxygen.
- Risks to patients were not fully assessed and well managed, for example there was no use of Patient Specific Directions (PSD) to enable the healthcare assistant to administer vaccinations safely to patients.
- Patient confidentiality was not always assessed and managed.
- The practice did not hold any records to show whether staff were immunised against infectious diseases for example Hepatitis B.
- There was an inconsistent approach regarding infection control, medicines management and health and safety, with mixed responses from staff to who was responsible in the management of these areas.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Urgent appointments were available on the day, with children and vulnerable adults usually being seen within the hour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure emergency medicines are available and monitored in the practice.
- Ensure Patient Group Directions (PGD) and Patient Specific Directions (PSD) are implemented with support from the GP, where the nurse and healthcare assistants are administering vaccines.
- Ensure processes for reporting, recording, acting on and monitoring of medicine management and infection control are in place.
- Review and update all procedures and guidance to be a true reflection of the practice.
- Ensure all clinical staff have their Hepatitis B status recorded
- Ensure a safe practice environment is maintained, including assessment of all risks.

In addition the provider should:

- Provide staff with training of the Safeguarding procedures.
- Provide training for staff undertaking chaperone duties.
- Provide a secure system for the monitoring of prescription pads
- Staff to know how to access translation services.
- Improve disabled access. We noted that the step outside did not have a ramp or bell to accommodate wheel chair users.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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?

Inadequate

The practice was rated as inadequate for safe.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough to show outcomes or changes.
- There was no clear protocol for emergency medication and emergency equipment.
- Although the practice had an infection control policy and recent audit, this was not a true reflection of what was observed in the practice.
- The practice did not follow Patient Group Directions (PGD) or Patient Specific Directions (PSD) to enable the healthcare assistant and nurse to administer vaccinations.

Are services effective?

Good

The practice was rated as good for effective.

- Data showed patient outcomes were low compared to the locality and nationally. For example Flu vaccination rates for patients aged over 65 were 69.8% and at risk groups 45.5%; these figures were below the national averages.
- Knowledge of and reference to national guidelines were inconsistent. For example the practice did not follow Patient Specific Directions (PSD) when using the healthcare assistant to carry out vaccinations.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited.

Are services caring?

Good

The practice was rated as good for caring.

- Patients told us that staff were approachable and kind. Some patients had been at the practice for 50 years.
- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.

Summary of findings

- Patients said they were treated with compassion, dignity and respect.
- Staff said that ten different languages were spoken amongst them.

Are services responsive to people's needs?

Good

The practice was rated as good for responsive.

- There was evidence of how the practice had responded to the needs of its local population (such as longer appointments for those who needed them were seen within a hour).
- Feedback from patients reported that access to a named GP and continuity of care was available quickly.
- Urgent appointments were also available the same day, for children and vulnerable adults .
- The practice was awarded silver in the "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay and bisexual and transgender patients within your local community.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Requires improvement

The practice was rated as requires improvement for well led.

- There was no formal mission statement, vision and strategy for the practice, but staff told us they aimed to deliver quality care and promote good outcomes for patients.
- The practice had tried to engage a patient participation group but they did not currently have an active group.
- The practice had a number of policies and procedures to govern activity, but these were not a true reflection on the practice. For example, staff were unaware of the practice's business continuity plan and infection control annual audit.

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 practice offered care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There were arrangements in place to provide flu and pneumococcal immunisation to this group of 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 healthcare assistant had a lead role in chronic disease management with the GP.
- The healthcare assistant supported patients in the education of long term conditions.
- We saw examples of joint working with health visitors and other multi-disciplinary services
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement 

The practice is rated as requires improvement for the care of families, children and young people.

- There were systems in place to identify and follow up children who were at risk.
- Immunisation rates for the standard childhood immunisations were mixed. Children aged five year olds ranged from 60% to 70%
- Appointments were available outside of school hours, with children being seen within one hour as an emergency.
- We saw good examples of joint working with midwives and health visitors.
- There was a range of clinics available such as mother and baby clinic and childhood immunisation clinic.

Summary of findings

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)

- We saw the practice using a population tool to identify patients who may be at risk of developing diabetes. The practice offered education and support to patients to reduce the risk of developing diabetes.
- The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group
- Routine health checks were also available for patients between 40 and 74 years old.
- Telephone consultations were available.

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 practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It had carried out annual health checks for people with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most staff were aware of their responsibilities regarding information sharing and recording safeguarding concerns.

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).

- 96.8% of people experiencing poor mental health had received an annual physical health check.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12months was 92.8%.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 367 survey forms were distributed and 116 were returned. This was a 32% completion rate representing 5.2 % of the practice population.

- 82% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 69% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards. All except two patients were completely satisfied. Patients commented that the GP was very caring and helpful, always taking time to explain treatments correctly and listened to them. One patient commented the new system was working very well.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and stated how happy they were with the GP. One patient commented on how there was a diverse population and ethnicity at the practice, and they felt this had never interfered with the care received. Another patient told us they could not always get an appointment to be seen on the day, however they would be seen the following day.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure emergency medicines are available and monitored in the practice.
- Ensure Patient Group Directions (PGD) are implemented with support from the GP, where the healthcare assistants are administering vaccines.
- Ensure processes for reporting, recording, acting on and monitoring of medicine management and infection control are in place.
- Review and update all procedures and guidance to be a true reflection of the practice.
- Ensure all clinical staff have their Hepatitis B status recorded.
- Ensure a safe practice environment is maintained, including assessment of all risks.

Action the service SHOULD take to improve

In addition the provider should:

- Provide staff with training of the Safeguarding procedures.
- Provide training for staff undertaking chaperone duties.
- Provide a secure system for the monitoring of prescription pads
- Staff to know how to access translation services.
- Improve disabled access. We noted that the step outside did not have a ramp or bell to accommodate wheel chair users.

Dr Mohammed Islam - Artane

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 practice manager specialist adviser.

Background to Dr Mohammed Islam - Artane

Dr Mohammed Islam - Artane is located close to Manchester city centre. There were 2200 patients on the practice list at the time of our inspection and the majority of patients were of white British background. The practice is in a highly deprived area of Manchester.

The practice is a small building set back from a main road, situated all on ground the floor with one consulting and treatment room, with a waiting area and reception area. There were a further two consulting rooms one for clinical work and one for clerical work. There was also access to a toilet for patients. There is a car park outside the building with one disabled parking available.

The clinical staff are made up of three GPs one full time and two part time (two female and one male). There is one practice nurse who works one day a week and one healthcare assistant working part time. Members of clinical staff are supported by a practice manager and two receptionists.

The practice is opens as follows :

- Monday 8am– 6.30pm
- Tuesday 8am –8pm
- Wednesday 8am –6.30pm
- Thursday 8am- 6.30pm
- Friday 8am– 6.30pm.

Patients requiring a GP outside of normal working hours are advised to call " Go-to- Doc" using the usual surgery number and the call will be re-directed to the out-of-hours service. The surgery works with neighbouring practices, offering Saturday and Sunday appointments between the hours of 10am and 6pm and weekdays extended opening from 6.30pm to 8pm .

The practice has a Primary Medical Services (PMS) contract and also offers enhanced services for example avoiding unplanned admissions/care plans, supporting patients with dementia and minor surgery.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016.

Detailed findings

During our visit we:

- Spoke with a range of staff such as a GP, healthcare assistants and reception staff and we spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

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

- The system used at the practice had weaknesses, which did not assure us that incidents involving patient safety were regularly reviewed to minimise the risk of them reoccurring in the future.
- Staff told us they would inform the practice manager of any incidents.

We reviewed safety records and incident reports. Minutes are taken in practice meetings and were available on the shared drive for all staff members to view. Paper copies were also circulated to attendees and non-attendees. We reviewed two significant events which had been recorded prior to the date of the inspection. We could not identify any learning outcomes which demonstrated follow up actions recorded. We spoke to one clinician who had recorded and reviewed their own significant event incident; this included the full learning cycle. There was no evidence of this learning cycle being documented or shared.

Overview of safety systems and processes

The practice had some systems in place but these were not a true reflection of daily practices. We found areas failed to keep people safe.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. Some staff did not know who the practice lead for safeguarding was but told us they would report any concerns to the practice manager. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and we were told that all had received training relevant to their role. A GP told us they were trained to Safeguarding level three. Clinical staff also told us they were unaware of translation services available and relied on family members translate.
- The practice did not follow Patient Group Directions (PGD) to enable the healthcare assistant to administer vaccinations. There were no prior checks in place with the GP. When we spoke to the healthcare assistant and GP, neither knew about this system.
- Patient confidentiality was not always assessed and managed by the management team. We observed an unlocked and open room, with identifiable information on a computer with the staff user card left in the system which was accessible to patients. The atmosphere in the practice was very open and friendly; we thought patient confidentiality could be lapsed easily.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. Staff who acted as chaperones were not trained for the role, however when speaking to the staff they had a understanding of their role as a chaperone. All staff did have Disclosure and Barring Service (DBS) checks. (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 were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display in the waiting room. The practice had up to date fire risk assessments and regular fire drills were carried out.
- There was no key holder risk assessment, with no written policy to describe what should happen if the security alarm was activated when the surgery was closed
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored, however there was no system in place to monitor their use.
- There was no clear system in place for consistently disseminating medical alerts to the clinical staff.

Inadequate

Are services safe?

Systems for infection control needed improving. We found that:-

- There was a policy for infection control and we also saw a recent infection control annual audit had been carried out by the practice manager. However this was not reflected throughout the practice. For example, staff were unaware who was the infection control lead. Staff also told us each were responsible for their own work environment and checks.
- The practice maintained areas of appropriate standards of cleanliness and hygiene; we did observe areas of the premises to be clean and tidy, for example the nurses' treatment room and patient waiting area. In other areas of the practice we observed in the GPs room, clinical equipment in an unsealed bag and a used ointment tube left on the side. We also observed a hand towel in use, with the room generally untidy and cluttered.
- A number of out of date pieces of medical equipment were identified, for example rusty scissors and out of date sutures and we were immediately removed by the practice and we were assured the room and equipment was not in use.
- There was a cleaning schedule which stated duties should be undertaken on a daily basis. However this did not reflect in the practices daily routine. For example, the schedule stated privacy screens should be cleaned daily. In the GP room (fabric material screen) and in the nurse's room (plastic screen), there was no record of replacements taking place or being cleaned regularly.
- There were no designated spillage kits available on site. There was no evidence the staff had received hand hygiene training.
- The practice Control of Substances Hazardous to Health (COSHH) policies were available and we reviewed evidence of training. COSHH regulations require employers to control exposure to hazardous substances to prevent ill health. There were areas where these procedures were notfollowed. For example, we observed the cleaning equipment was not colour coded accordingly.
- The main access into the building needed reviewing. For example, if you were a wheelchair user access would be difficult if you were not accompanied by another person. There was no bell which could be used for assistance in accessing the practice.

Monitoring risks to patients

Risks to patients were not always assessed and managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice did not hold any records to show whether staff were immunised against infectious diseases. For Hepatitis B it is recommended that individuals at continuing risk of infection should be offered a single booster dose of vaccine, once only, around five years after primary immunisation and a blood test. It was not clear that all staff who were at continuing risk of infection had received this.
- There were no records of calibration of instruments such as blood pressure machines carried out in previous years. The practice did produce satisfactory evidence this was booked for 8 January 2016.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- The practice had risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no record of an asbestosis check ever taking place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We did raise concerns over the staff numbers for example which clinics were ran by the healthcare assistant and the limited number of clinics by the nurse.

Arrangements to deal with emergencies and major incidents

We found the response to an emergency not sufficient:

- There were no emergency medicines available onsite, with the exception of an anaphylaxis kit. No clinical or non-clinical staff were aware any further medication needed to be on site, other than an anaphylaxis kit. A copy of CQC myth busters information leaflet "Emergency drugs for GP practices" was left with the GP for immediate action.
- There was no record of any emergency risk assessments carried out. The practice had not reviewed the type of

emergencies which clinicians may face in this inner city practice. For example, a child attending with a meningococcal rash would require immediate benzyl penicillin.

- 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.
- All staff had received annual basic life support training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers and staff were not aware of this policy.
- The practice did not have a lone worker policy for the practice; we spoke to several members of staff who told us that there were times when they were alone in the practice.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice manager would disseminate safety alerts or updates to national guidelines. However when speaking to staff, they were unsure of the process and said they were responsible for ensuring their own updates.

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 92.7 % of the total number of points available, with 8.3% exception reporting. (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 2013/14 showed;

- Performance for diabetes related indicators was 97.7%, above the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 80.6%, lower than local CCG of 83% and below national average of 84%.
- The dementia diagnosis rate indicator was 100%, above the local CCG of 94% and national average of 95%.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years. Both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- The practice has been involved in reviewing population needs, using a population tool which helps to identify patients at risk of developing diabetes.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. For example, the nurse was in the process of completing the cervical screening training.
- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- A locum covering on the day of inspection told us that the practice had performed regular background checks. For example, reviewing current Disclosure and Barring Service status.
- All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system:

- The practice had no Patient Specific Directions (PSD) to support the healthcare assistant. This included no risk assessments or care planning checks made by the clinician.
- The practice had not been coding new diagnoses from letters previously, and the present GP was working on this and retrospectively adding the codes as appropriate.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw multiple forms to ensure correct consent had been agreed.
- 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, healthcare assistant 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 to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed.

All of the 28 patient CQC comment cards we received were positive about the service experienced. Two cards mentioned areas where the patients were not completely satisfied. For example, one of the comments was no calls should go unanswered. Patients said they felt the doctor was very caring and helpful, taking the time to listen and explain.

We spoke with seven patients during the inspection. All patients told us that staff were approachable and kind. One patient commented the practice had a good culture of equality and diversity within the practice. Some patients had been at the practice for 50 years.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was slightly below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 84%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 82% said the last GP they spoke to was good at treating them with care and concern compared (CCG average 83%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).

Clinical staff told us they were unaware of translation services available and relied on family members translate. One staff member had been aware of the service available for non-English speaking patients. In addition the practice team spoke ten different languages which was a great benefit when seeing patients.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, however there could be more leaflets in different languages. Staff told us that if families had suffered bereavement, the practice contacted them.

The practice had been awarded silver in the "Pride in Practice" certificate, to support to and strengthen quality assurance services and develop relationship with patients who were lesbian gay bisexual and transgender within the local community.

Good

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 through the family and friends test and the national survey and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had been awarded silver in the "Pride in Practice" certificate.
- Within the hour appointments were available for children and those with serious medical conditions.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice did not have a formal assessment to ensure that it complied with the disability discrimination act. For example, there was uncertainty if the hearing loop was in working order.
- The practice did not have a current active patient participation group, although we saw evidence of the practice trying to engage with the patients to participate.

Access to the service

The practice was open 8.30am to 6pm Monday, Wednesday, Thursday and Friday with Tuesday being open 8.30am to 7.30pm. Extended hours surgeries were offered on Tuesday evenings until 7.30pm .In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 43% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.
- 77% of patients were satisfied with the practice's opening hours (CCG average of 76% and national average of 75%).
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example there were posters displayed in the waiting area and the practice had a summary leaflet available to all patients.

The practice had had one complaint over the last year. When we explored further staff had a clear understanding of verbal and written complaints. Staff also understood the process to escalate the complaint to the practice manager.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

There was no vision for the future documented. When we spoke to the staff they were not aware of the practice having a vision and their responsibilities in relation to values of the practice.

Key people in the practice had already acknowledged to the team, the practices need to improve; evidence of this improvement strategy had already started being implementing and was witnessed by the team.

The arrangements for governance and performance management did not always operate effectively.

- The practice had a number of policies and procedures to govern activity. We found policies were not a true reflection of daily practice with variations from electronic to paper copies. We received inconsistent responses about who held lead roles such as infection control and safeguarding.
- There was a staffing structure in place and staff were aware of their own roles and responsibilities, however clinical staffing and supervisions with staff were a concern. Staff told us they felt supported by management.
- There was clear evidence of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- Communication of policies was not clear to staff, for example when we asked staff about the practice's business continuity plan, staff were unaware what this was.

Leadership, openness and transparency

The GP had the experience and capability to run the practice. However they did not have the systems and processes in place to ensure safety and high quality care. The GP was visible in the practice and staff told us that 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

- There was a clear leadership structure in place and staff felt supported by management.
- 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. They said they felt supported if they did.
- Staff told us they felt respected, valued and supported, particularly by the GP in the practice.

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

The practice encouraged feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the GP or practice manager.
- Previous attempts to facilitate the patient participation group (PPG) had not been successful. The practice is currently looking at new ways to engage with their patients to support the PPG.
- The practice had been awarded a silver in the "Pride in Practice" certificate which was endorsed by the The Royal College of General Practitioners to help support and strengthen quality assurance services and develop relationship with patients who were lesbian gay bisexual and transgender within the local community.

Continuous improvement

The practice had been working on a population tool, identifying patients at risk of developing diabetes. These patients were identified and invited in for an appointment with the GP. The idea behind the scheme was to reduce the number of newly diagnosed diabetes with education and support from the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Care and treatment was not provided in a safe way for service users because: • The registered provider did not have suitable arrangements in place for the proper and safe management of medicines. • The registered provider did not have effective systems in place to manage and monitor the prevention and control of infection. • Clinical staff have their Hepatitis B status recorded Regulation 12 (1) and (2) (a) (f) (g) (h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered provider had not ensured that persons employed received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to do. Regulation 18 (2)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **How the regulation was not being met**:

This section is primarily information for the provider

Requirement notices

Maintain a safe practice environment including assessment of all risks associated with:

- Medical emergency response
- Patient confidentiality
- Lone worker
- Key holder
- Security

Regulation 15 (1)(e)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • Systems and processes were not fully established and operated effectively. • Risks relating to the health, safety and welfare of service users and others were not appropriately assessed, monitored and mitigated. Regulation 17(1) (2)(b)(f)