Dr Wayne Sefton Davis

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?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the practice of Dr Wayne Sefton Davis on 7th July 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to be good for providing safe, responsive and caring services. It still required improvement for providing effective and well led services.

We found that many improvements had been made since the previous inspection of October 2014 when the practice had been rated as Inadequate. We also found areas where improvement was still required. The provider was aware of the further work that needed to be completed.

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

- Improvements had been secured since the previous inspection.
- Policies and procedures had been developed and reviewed and made available to staff.
- Infection control was more effectively managed.
- Staff recruitment procedures were more robust.
- Medicines were more effectively managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Staff were aware of their responsibilities to raise concerns and felt confident to do this.

However there were areas of practice where the provider must still make improvements.

Importantly the provider must

Summary of findings

- Ensure that staff receive training appropriate to their roles and responsibilities..
- Ensure that governance systems are further developed in order to improve outcomes for patients.

The provider also should

- Develop a more focused Business Continuity Plan.

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?

Good

The practice is rated as good for providing safe services. Improvements had been made since the last inspection to how medicines, staff recruitment and infection control are managed. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. Lessons were learned and communicated to staff as required. Information about safety was monitored and appropriately reviewed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

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. Data showed patient outcomes were at or below average for the locality. Clinical audit cycles needed to be further embedded. Whilst some staff training had occurred, further training was required. GPs followed good practice guidelines in their delivery of treatment. Information sharing processes were in place.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. The practice had a vision which staff were aware of. The leadership team had worked hard to secure some improvements, but were

Summary of findings

aware that governance systems needed to be further developed to secure improved outcomes for patients. The practice had reviewed and updated its policies and procedures, and had made these available to staff. The practice sought feedback from patients and had an active patient participation group, but this needed to be expanded.

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 improvements required to how effective and well led the practice is impacts across all population groups.Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. Patients commented that they benefitted from a continuity of care. The leadership of the practice engaged with this patient group to look at further options to improve services for them.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The improvements required to how effective and well led the practice is impacts across all population groups. Patients at risk of hospital admission were identified as a priority and supported. 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. The improvements required to how effective and well led the practice is impacts across all population groups. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates for the standard childhood immunisations were mixed and required a strategy for improvement. Patients told us that children and young people were treated in an age-appropriate way. Appointments were available outside of school hours.

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). Improvements required to how effective and well led the practice is impacts across all population groups. The practice offered extended opening hours for appointments on Mondays till 7:30pm and was open till 6:30pm on Tuesdays, Wednesdays and Thursdays to allow patients to access the service. Health promotion advice was offered and there was health promotion material available through the practice.

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 improvements required to how effective and well led the practice is impacts across all population groups

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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). Improvements required to how effective and well led the practice is impacts across all population groups. Data indicated that the practice needed to improve the reviews of patients in this category.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND. We were told that most patients were reluctant to access support services out the Orthodox Jewish community. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff required training on the Mental Capacity Act 2005 .

Summary of findings

What people who use the service say

During our inspection we spoke to 10 patients who reflected a diversity of the patient population, including working age professionals, older people and parents.

All the patients were very positive about the care and treatment they received and the support offered by the practice. Patients commented that they always felt listened to and treated with dignity and respect. A common theme from comments was that patients valued the continuity of care the practice provided.

We reviewed the results of the national GP survey published in January 2015. 87 % of patients described their overall experience of the surgery as good compared to the CCG average of 84% and national average of 85%.

Areas for improvement

Action the service MUST take to improve

Ensure that staff receive training appropriate to their roles and responsibilities.

Ensure that governance systems are further developed in order to improve outcomes for patients..

Action the service SHOULD take to improve

The practice should develop a Business Continuity Plan.

Dr Wayne Sefton Davis

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP, an additional CQC inspector and an expert by experience (this is a person with knowledge and experience of healthcare).

Background to Dr Wayne Sefton Davis

The practice is located within a row of commercial shop premises at 53 Leicester Road, Salford. The practice is due to move to new purpose built premises later this year.

The practice provides a service for 3400 patients. Over 90% of the patient population group are Orthodox Jews and this creates an atypical demographic for the practice.

As well as the registered provider Dr Davis (who works full time), the practice has two other GPs who work on a part time basis. One of these GPs is male and salaried and works three days each week, and the other is a female locum who works a regular day each week. The practice also has a health care assistant (HCA) and several part time reception and administration staff.

The Practice is open from 8:00am to 7:30pm on Monday and to 6:30pm Tuesday to Thursday. Due to religious reasons the practice is closed on Friday afternoons, opening 8:00am to 3:00pm. Cover is provided by a nearby health centre should patients require appointments during this time. Out of hours services are also available to patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. A previous inspection had taken place in October 2014 after which the Practice was rated as providing Inadequate services.

The purpose this most recent Inspection was to check what improvements had been made.

We carried out a comprehensive inspection of the 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 an updated rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

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

Detailed findings

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7th July 2015.

During our visit we spoke with two GP's, the Practice Manager, the Health Care Assistant, two reception staff and the Quality Assurance advisor. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. Incidents were appropriately identified recorded, and shared. Comments and complaints from patients were also recorded. Staff we spoke to were aware of their responsibilities to raise concerns, and how to report incidents.

We reviewed safety records, incident reports, and minutes of meetings where incidents were discussed. There was evidence of a clear framework for dealing with safety issues which the practice was confident of maintaining in the longer term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and investigating significant events, incidents and accidents. This system had been reviewed and amended since our last inspection. We reviewed records of two significant events that had occurred during the last 6 months and saw this system was followed appropriately.

The practice had a positive approach to recognising and learning from significant events. Significant events were discussed in meetings and where required action plans and learning outcomes identified. Any learning from significant events was cascaded throughout the practice. A framework for the auditing of significant events was being introduced, but needed to be further embedded.

The system used to record significant events automatically passed details of the event to Salford Clinical Commissioning Group.

Before the inspection the practice had sustained an electric power failure. This event had impacted on the storage of some medicines in a refrigerator. This had been recognised by the practice as a significant event by staff and appropriate actions had been instigated to manage the incident safely.

There was a system in place for the practice to receive and disseminate National Patient Safety Alerts, and take appropriate action. Staff gave us examples of responses to recent alerts.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours.

Safeguarding policies and procedures were in place and available to staff in the newly developed handbook.

The practice had a dedicated GP as lead in safeguarding vulnerable adults and children. The lead had recently undertaken refresher training. They could demonstrate they had the necessary competency and training to enable them to fulfil this lead role. All staff we spoke with were aware who was the safeguarding lead in the practice and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans. There was evidence that the lead GP attended regular meetings within the CCG to keep engaged with safeguarding initiatives.

There was a chaperone policy, and the availability of chaperones was made known to patients. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff had recently been retrained in chaperoning including the health care assistant and reception staff. Since our last inspection we saw evidence that in November 2014 staff undertaking chaperone duties had received 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).

The practice had systems in place to ensure fire alarms and equipment were regularly tested and maintained.

Good

Are services safe?

Emergency exit routes were clearly signposted. The practice had a fire risk assessment in place, and a fire safety procedure. Staff were aware of their responsibilities within the building to respond appropriately and safely. Further staff training in fire safety was planned.

Medicines management

We saw found that there was a medicines management policy in place which staff were familiar with. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Since the last inspection action had been taken to introduce a 'cold chain 'policy (this is to ensure that medicines were always maintained at the correct temperature) which staff were familiar with. We found that daily checks were kept which ensured that medicines were stored at the correct temperature.

On the evening prior to the inspection the practice had experienced a power cut, which had impacted on the fridge containing medicines. We could see that this situation was being responded to appropriately with medicines being reviewed and taken out of use if required. Arrangements were made for replacement medicines to be available.

Systems were in place to effectively manage child immunisation vaccines which was a service carried out by a visiting nurse from another local practice.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely. Processes were in place to deal appropriately with requests for repeat prescriptions to ensure medicines were still appropriate and necessary or whether further review was required.

The GPs monitored prescribing data which informed their on going professional development.

Cleanliness and infection control

We observed the premises to be clean and tidy but in need of some updating. We were informed that the practice was due to move to new purpose built premises towards the end of 2015. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We saw that a complaint had been received from a patient commenting on cleanliness, and this had been appropriately responded to.

An infection control policy and supporting procedures had been reviewed since the last inspection and were now available to staff in the handbook of policies and procedures. Staff were aware of good practice which enabled them to plan and implement measures to control infection. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy.

Since the last inspection the practice had received an infection control audit in May 2015 from an external agency. The findings of the audit reflected positively on the infection control processes in place.

The practice had a lead for infection control who was the practice manager. Plans were in place for them to receive formal training on this role. All staff received induction training about infection control specific to their role and that there was scope for infection control issues to be discussed in practice meetings.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw evidence that since the last inspection all medical equipment within the practice had been reviewed and non-working equipment removed. We saw evidence that all equipment had been tested in October 2014 by an external company. Systems were in place within the practice to monitor equipment in place.

All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A

schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

Since the last inspection the practice had revised its staff recruitment policy and procedures which now reflected more thorough and positive practice. We were informed that the practice would follow its revised procedures for any future staff it recruited. Appropriate checks had been carried out on the regular locum GP.

In relation to staff who already worked at the practice for many years, action had been taken to ensure that they were suitable for employment. Since the last inspection all staff who worked in the practice had undergone Disclosure and Barring checks in November 2014 (these identify whether a person has a criminal record or is on a list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We also observed that records had been updated to verify the identity of staff including photographic confirmation.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, to cover each other's annual leave. There was evidence of a consistent locum GP being used which provided continuity to patients. There was the facility to access agency staff, but this had not been required.

Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

Since the last inspection the practice had developed more policies, procedures, and systems which better demonstrated that it was managing safety and risk in a more co-ordinated way. The practice had systems in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management, staffing, and dealing with emergencies and equipment. The practice also had a health and safety policy.

There was evidence of action being taken in response to risks identified with new floor coverings being obtained.

The practice were making plans for their move to new premises, and were considering ways of mitigating the risks associated with this.

We found evidence that the GP's knew their patient population very well, and were aware of those patients who were most at risk at a point in time and took responsibility for their wellbeing. Systems were in place within the practice to ensure that these patients were closely monitored, and that where other services were required quickly the practice was responsive to their needs.

Arrangements to deal with emergencies and major incidents

Records showed that all staff had received training in basic life support. Emergency equipment was available which was limited to adrenaline. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly and was suitable for use. We were informed that the Practice had access to a service which operated within the local Jewish community 'Hatzala' which was a team of first aiders, ambulance crew and paramedics who could attend any emergency at the practice very quickly (usually within 2 minutes). The practice was able to demonstrate how it worked alongside this service to respond to emergencies. Staff were aware of the availability of this service.

Since the last inspection the practice had worked to put plans in place to mitigate and respond to any emergency and risk that may occur, and this was evidenced in discussion with the practice leaders, procedures and checks developed.

We saw evidence that staff had responded appropriately and in a systematic way to the consequences of the power failure emergency.

A fire safety risk assessment was in place, and staff were aware of fire procedures.

The practice were in the process of bringing together the various strands of the work they had completed into a business continuity plan. There was also an awareness that once developed this would need to be reviewed continuously particularly when considering the move to the new premises. Telephone numbers of who staff should contact in the event of emergency were available.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and Health Care assistant (HCA) we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with the GPs and HCA how NICE guidance was received into the practice. Processes were in place for guidance to be circulated and responded to. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they spent time offering patients thorough and comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed to ensure their treatment remained effective. Evidence of the thorough reviews needed to be further developed, but there had been an improvement in how the practice tracked what was happening for those patients who had long term conditions.

The practice had improved the way it used computerised tools to identify patients who were at high risk of admission to hospital. These patients were provided with more focused oversight by the GP's. We were told by patients that after they or their family members were discharged from hospital they received support to ensure all their health needs were met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The GPs collected and examined information about people's care and treatment.

The practice showed us one clinical audit that had been undertaken in the last year. This was not yet a fully completed audit where the impact of changes in practice and outcomes for patients had been re examined. The GP's were aware that a programme of more frequent and full clinical audits was required.

From data we collected we saw that the practice was an outlier for a number of issues.

Some of the data could be explained when looking at the population group. For example one outlier was for the ratio of reported versus expected prevalence for chronic obstructive pulmonary disease (COPD). We investigated this anomaly and found that the demographics of the patient population may have some effect on this. There was an extremely high percentage of younger people registered at the practice (0-4 yrs 15% when the area average is 6%, 5- 9 yrs 29% when the area average is 11%). There was a lower percentage of the patient population group aged over 65 yrs (5% when the area average is 17%). Also with 90% of the practices patients being Orthodox Jewish people, we were informed that lower rates of smoking and alcohol use could be a factor explaining the difference from expected levels.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. However the practice opted out of providing specific services itself. For example nursing services were provided from an external source. The Practice needed to review these arrangements to see if patient outcomes could be further improved. The practices Health Care Assistant took some responsibility for carrying out some health checks and some vaccinations.

- Performance for most diabetes related indicators were similar to the national average, however foot examination rates were below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- The percentage of patients receiving cervical tests, and the percentage of children receiving immunisations was below the national average.
- The percentage of patients diagnosed with dementia was well below the national average. This may be explained by the population the practice serves. However, the percentage of patients with dementia having an annual review, suggested review processes needed to be improved.

Requires improvement

Are services effective?

(for example, treatment is effective)

Since the last inspection staff had undergone further training in read coding.

The practice's prescribing rates were similar to national figures. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary.

Effective staffing

Since the last inspection the lead GP had returned to clinical practice, and also the practice had secured sessions from a female locum GP one day per week. This had increased the scope and capacity of the service to respond more effectively to patient need. The majority of the staff team had worked in the practice for many years providing continuity for patients.The practice team included medical, managerial and administrative staff. Nursing services were provided from an external source and the effectiveness of how this was managed by the practice needed to be further considered.

Since the last inspection a programme of staff appraisals had been put in place. Appraisals were recorded and focused on development and performance. GP's had undergone their annual appraisal. We reviewed staff training records and saw that progress had been made in focusing on training opportunities for staff. Chaperone training and Read Code training had recently taken place. Staff were up to date with attending mandatory courses such as safeguarding and basic life support. We noted that the management team were aware of gaps which still existed in the training plan. Staff still required training in the Mental Capacity Act 2005, Infection Control and fire safety. Discussions confirmed that efforts were being made to source this.

The health care assistant undertook a number of roles including performing electrocardiograms (ECG), flu and vitamin injections and new patient health checks.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Out-of hours reports and 111 reports were all seen and acted upon by a GP on the day they were received. One of the reception staff was responsible for updating records to ensure that the most accurate information was available for patient care.

Discharge summaries and letters from outpatients were usually seen and acted upon on the day of receipt The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

Emergency hospital admission rates for 19 Ambulatory Care Sensitive Conditions for patients of the practice were relatively low (6.46 per 1000 population compared to the national average of 14.4 per 1000 population) The practice had a process in place to follow up patients discharged from hospital. We saw that the policy for taking action in respect of hospital communications was working well in this respect.

The practice held multidisciplinary team meetings every three months to discuss patients with complex needs including those who were thought to be nearing the end of life. These meetings were attended by district nurses, social workers and palliative care nurses.

There was evidence that the practice safeguarding lead engaged in local CCG meetings with the leads from other practices. There was also evidence that the Practice Manager also engaged with colleagues in the local area. A pharmacy was located next door to the practice which enhanced communication, and meant that any identified issues could be easily resolved on behalf of patients.

When the practice moves into it's new premises it will share them with other Primary Care providers. The practice views this as a further opportunity to integrate and work effectively alongside colleagues.

Information sharing

The practice used paper and electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with out-of-hours services.

Requires improvement

Are services effective?

(for example, treatment is effective)

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

The practice had a comprehensive confidentiality policy that had been signed by all staff to say they had read and understood it.

Consent to care and treatment

We found that GPs were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. They were able to describe how they implemented this in practice. Other staff were less clear about these areas and the practice manager recognised the need for further specific training.

We found that there was an understanding of good practice around end of life care including 'do not attempt to resuscitate' decisions. We found that for the majority of patients this matter would not culturally arise as Orthodox Jewish people would make every attempt to preserve life whatever the circumstances.

Patients with learning disabilities and those with dementia were supported to make decisions by having a family member, carer or other representative with them.

Health promotion and prevention

We found that patients had access to a wide range of information leaflets in the reception / waiting area aimed at them making good health decisions, and promoting them to take advantage of other services locally that were available.

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted that GPs used use their contact with patients to help maintain or improve mental and physical health and overall wellbeing.

The practice did not employ a nurse ,and nursing services into the practice were provided by an external source. The visiting nurse provided cervical screening, and the full range of child immunisations. The practice's performance for the cervical screening programme was 48% which was below the national average of 81%. Childhood immunisation rates for the vaccinations given to under twos ranged from 72% to 95 % , and for 5 year olds from 70% to 97%. For the different categories these rates were below or just below national averages. Further oversight and review was required to consider how these rates could be improved.

The Health Care Assistant (HCA) was able to carry out flu vaccinations, however vaccination rates were below national averages. Local demographics may impact on this statistic.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published on 8th January 2015. We also spoke to 10 patients during the inspection.

The evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed that 87% of those who responded rated the practice as good or very good. This average for the CCG was 84.4%. The practice was also well rated in satisfaction scores on consultations with doctors and nurses.

- 92.1% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88.6%.
- 89.6% said the GP gave them enough time compared to the CCG average of 86.5% and national average of 86.8%

We also spoke with 10 patients on the day of our inspection. All told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was co- located with the reception desk. Staff told us they were very careful what they said within the hearing of other patients and calls or discussions in a more private location could be facilitated if required. The patients we spoke to gave positive feedback about their experiences at the reception desk. Additionally in the national patient survey, 87.7% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87.6% and national average of 86.9%.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. There was a policy in place which explained how the practice would not tolerate violence and aggression. This approach was also referred to in the patient information leaflets which were available on the reception desk.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. They generally rated the practice well in these areas.

- 86.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.4% and national average of 86.3%.
- 86.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.8% and national average of 81.5%.

Patients we spoke with on the day of our inspection 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 they wished to receive.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area.

- 95.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 92.1% and national average of 90.4%.

The patients we spoke with on the day of our inspection were consistent with this survey information. We were given examples from patients where they had received considerable support from GP's in their time of health crisis. This included them receiving visits and telephone calls from GP's to check on their wellbeing at these times.

Good

Are services caring?

The GPs we spoke to said that they placed a high priority on the patient feeling valued and supported. Patients we spoke with spoke consistently positively about the level of support and continuity of care they received.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice had an individual approach to patients and were responsive to their needs. The practice had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice used its significant knowledge of the patients they were responsible for as a measure of how best to respond to its needs.

Discussions with staff and feedback from patients highlighted that the practice was viewed as a valued and integrated part of the community, and was supportive.

The practice does not have a website as the Orthodox Jewish people (who are over 90% of the population group) would not usually use the internet. However since the last inspection the practice has taken the decision to develop a website for the benefit of patients who want to access it. The website had been developed and was being tested before being launched. Also since the last inspection a patient leaflet had been developed and introduced called ' Going that extra mile'. The leaflet provided patients with information about the service and access to other services.

The practice has a Patient Participation Group (PPG), which has been supportive of the service provided. It was recognised that there would be benefits in further expanding this group in size and role.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patients. One example of this was the introduction of a regular female GP.

Tackling inequity and promoting equality

The practice had recognised the needs of all groups who might use the service. We saw that almost all patients were Orthodox Jewish. Patients were viewed as individuals with individual needs. There was evidence that the service could be flexible to accommodate individual circumstance. For example, longer appointment times could be arranged for patients with learning disabilities. We were informed that most of the population group could speak English or Hebrew as could staff in the practice. Access to online and telephone translation services were available if they were needed for other languages.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as patient facilities were all on one level. There was a ramp and hand rail leading to the front door. The consulting rooms were also accessible for patients with mobility difficulties and there were access enabled toilets. There was a waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

The practice was committed to promoting service which valued everyone equally and staff were able to verbalise that. This approach had been emphasised at practice meetings. More formal training was planned.

Access to the service

The surgery was open from 08:00 to 6:00pm Monday to Thursday and appointments were available within that time frame. On Mondays extended hours appointments were available until 7:30pm to cater for people who struggled to attend appointments in normal business hours. On Fridays the practice closed at 3;00pm in summer and at 2:00pm in winter due to religious reasons. There were arrangements in place for patients to access an other health centre on Friday afternoons if required.

Information was available to patients about appointments in the patient information leaflet. This included how to arrange urgent appointments and home visits and the out of hour's service. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP. The benefits of the continuity of care provided was strongly fed back to us by patients. Home visits and telephone calls were made by a named GP to those patients who needed one.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The patient survey information indicated that:

- 77.8% of patients who had a preferred GP usually got to see or speak to that GP compared to a CCG average of 63.2% and national average of 60.5%.

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They were also satisfied with the availability of appointments. They confirmed that they could see a doctor on the same day if they felt their need was urgent. They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

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 a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Information was available within the patient information leaflet and displayed within the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at complaints received since the last inspection. There was evidence that these had been recorded however minor the issue was. Complaints had been dealt with in a timely way and responded to.

The practice had taken learning from complaints. One complaint referred to the lack of a female GP but since the complaint the services of a female GP had been provided.

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

Since the last inspection the practice had developed a Statement of Purpose and a Governance Policy. These documents clearly outlined the services provided by the practice and its underpinning values. Staff we spoke with were committed to providing patients with a good service and were committed to good outcomes. There were plans to create a more focused 'mission statement' that staff and patients could more easily relate to. The patient information leaflet referred to the 'rights' of patients.

The culture at the practice was one that was open and fair. Discussions with GP's, other members of the practice team and patients supported that this perception of the practice was widely shared.

Meetings had occurred with staff where the effective operation of practice had been discussed.

Governance arrangements

Since the last inspection a wide range of practice policies and procedures had been newly developed, or reviewed and revised. Key policies had been placed in a staff handbook and were available to them. New and revised policies and procedures had been introduced to staff in practice meetings. All the policies and procedures we looked at were due for further review in March 2016.

The leadership structure had been further developed since the last inspection with the lead GP and practice manager being supported by other GP's and the Quality Assurance Advisor with the implementation of improvements. Since the last inspection a co-ordinated effort and action plan meant that many of the required improvements had been achieved. Improvements had been made across many areas including safe staff recruitment, medicines management and infection control. Improvements had also been made in the systems of overall governance but this remained work in progress. Further improvements also needed to be secured in relation to staff training and the management team accepted this.

Staff we spoke to were positive about the improvements that had been made. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The leadership team had developed a more robust framework within which improved quality and monitoring would occur. This was outlined in the newly devised 'Governance policy'. We were informed of plans for one of the GP's to take the lead on governance. Over the next few months the Quality Assurance Advisor planned to conduct visits to the practice to audit performance and monitor improvement.

The practice had commenced a clinical audit but the frequency and depth of audits needed to be further improved. The practice needed to have a more co-ordinated plan of action which would lead to improved outcomes for patients. For example data sources indicated that cervical screening, and some immunisation and vaccination rates were lower than national averages and a plan was required to secure improvement.

The practice had improved the way in which it managed risks by introducing revised systems and practice underpinned by clear policies and procedures. These needed to be further embedded.

The practice had improved its oversight of the training that staff required, but the training schedule needed to be fully implemented.

The practice manager was responsible for human resource policies and procedures which had been completely reviewed since the last inspection. We reviewed a number of policies which were now in place to support staff. We were shown the new staff handbook that was available to all staff. Staff we spoke with knew where to find these policies if required. Since the last inspection the practice had reviewed and updated its whistleblowing policy which now included relevant contacts. Staff were aware of the revised policy.

Leadership, openness and transparency

The GPs and Practice Manager were visible in the practice and staff told us that they were approachable and took time to listen to them. Since the last inspection efforts had been made to improve communication between staff in different roles. Practice meetings had been held on a more frequent basis and discussions documented. All staff had the opportunity to be involved in discussions about how to run the practice and how to develop the practice.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt

Are services well-led?

Requires improvement

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

supported if they did. Staff said they felt respected, valued and supported. The locum GP commented that they experienced a positive, open and welcoming culture in the practice.

Seeking and acting on feedback from patients, public and staff

The practice encouraged feedback from patients. On the reception desk there was a 'suggestion box' for patients to submit ideas in. patients were also invited to complete a 'friends and family' survey. The practice also displayed the previous inspection report and rating detailing the concerns at that time of the Care Quality Commission (CQC). Patients were invited to complete a survey regarding the inspection findings and about their own experiences. The practice had improved the range of methods to seek feedback and reviewed any comments it got seriously whether they be positive or negative.

The practice had a Patient Participation Group which was historically very supportive of the practice. The practice planned to further expand this group.

The practice had also gathered feedback from staff through discussions, appraisals and meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development. We looked at the staff file and saw that regular appraisals took place and that staff could discuss further learning opportunities. The leadership team were aware of the need to make further training opportunities available to staff.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider must put in place more effective systems to assess, monitor, and improve the quality and outcomes for service users.** **The provider had commenced implementing improved governance arrangements but these needed to be embedded and further developed. Systems of clinical auditing needed to be improved. A strategy needed to be developed which responded with proposed action where national data identified that the practice needed to improve.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The provider must ensure that staff receive training to enable to effectively carry out their duties.** **The provider must ensure that staff are trained in infection control, the Mental Capacity Act 2005, and fire safety.**