

Dr Nowsherwan Khan

Quality Report

Darlaston Health Centre
Pinfold Street
Wednesbury
Walsall
WS10 8SY
Tel: 0121568 4391
Website:

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nowsherwan Khan on 2 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed with the exception of emergency medicines. The practice did not have access to some emergency medicines while GPs were carrying out home visits. Since the inspection the practice reviewed this and added the required medicine to treatment rooms.

- On the day of the inspection the premises was observed to be clean and tidy; however the latest infection control audit identified gaps in the thoroughness' of their general cleaning. Staff we spoke to told us that the issue had been brought to the attention of the property owners and cleaning contractors.
- There was a programme of continuous clinical audits, which demonstrated quality improvement. Staff were actively engaged to monitor and improve patient outcomes; the practice employed additional clinical staff in response to audit findings.
- On the day of the inspection patients said they were treated with compassion, dignity and respect and they felt involved in their care and decisions about their treatment. The national GP patient survey showed patients responded positively to nurse related questions however less favourably to questions relating to the GP.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. Although the practice proactively sought internal feedback from staff and patients, which it acted on they did not demonstrate an understanding of the national GP patient survey results.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice where the practice used their knowledge of the local community and patient population as levers to deliver high quality, person centred care. The practice expanded the clinical team in order to respond to population needs. For example:

- Following an audit regarding support for the frail and vulnerable patients the practice employed a part time independent nurse prescriber who provided domiciliary support for patients who were vulnerable, frail, elderly and recently discharged from hospital. Support included things such as, safety in the home, fire hazards, social welfare, falls, nutrition, care packages and sign posting to other services.

- The practice employed a second part time nurse with a health visitor and dental care background to run a family health drop in clinic. The nurse took a holistic approach in order to support parents to address issues such as everyday ailments, childhood obesity, dental care, information on children's activities during the six week holiday and sign posted families to services to support parents to access education and employment. The practice received positive feedback from patients regarding this service. For example opportunistic testing provided early identification of long term conditions and patients who accessed the service felt that the drop in service provided support when they needed without having to wait for a set appointment.

The areas where the provider should make improvement are:

- Should ensure arrangements implemented since the inspection for responding to a medical emergency is well established and embedded.
- Review the satisfaction rates from the national GP patient survey in addition to the practice survey, when responding to patient feedback and taking action in response to the findings.
- Ensure that the property owners carry out the required actions relating to gaps in the general cleaning as identified in the infection control audit.
- Proactively use a variety of methods to identify carers and encourage self identification.

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



- Risks to patients were assessed and well managed with the exception of emergency medications. For example the practice were left without medicine to respond to anaphylaxis (an allergic reaction) or epileptic fits while GPs carried out home visits. Since the inspection the practice added the required medicine to the treatment rooms.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were learned and shared across the staffing team, actions taken to improve safety in the practice was documented.
- On the day of the inspection the premises was observed to be clean and tidy. However the latest infection control audit identified gaps in the thoroughness of their general cleaning and storage of cleaning equipment. There was an action plan in place to address this.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Our findings at inspection demonstrated that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice had a programme of continuous clinical and internal audits. The clinical audits demonstrated quality improvement and staff were actively engaged to monitor and improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment and they worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Good



- Data from the national GP patient survey showed the practice was above average for its satisfaction scores on consultations with GPs and nurses with the exception of the amount of time given and the level of care and concern showed during consultations.
- Patients we spoke to during the inspection 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.
- During the inspection we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a carers' list, and carers had access to health check and advice to enable them to maximise their own health needs. The practice also provided a carers pack which directed carers to various avenues of support.

Are services responsive to people's needs?

Good



- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice extended their clinic times to increase access for working patients. The practice also diverted calls to a third phone line during busy periods.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice provided domiciliary support for patients who were vulnerable, frail, elderly and patients recently discharged from hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

Are services well-led?

Good



- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and management team encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was an active patient participation group. They carried out internal patient surveys and submitted proposals for improvements to the practice management team.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- There was a focus on continuous learning and improvement at all levels. This was demonstrated through internal patient surveys and the internal process for monitoring Quality Outcomes Framework targets.

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, for example the practice nurse reviewed patients in their own homes offering domiciliary support looking at things such as, safety in the home, fire hazards, social welfare, falls, nutrition, care packages and sign posting to other services.
- Data provided by the practice showed that their uptake of flu immunisations for over 65s in the last 12 months was 87% and 96% had received a Pneumococcal vaccine (protection against a form of bacterial meningitis). Health assessments for over 75's in the past two years was 86%.
- Patient over the age of 75 years had a named GP, offered longer appointments if required and at a time to suit patients needs.

People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 77% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 99%, compared to the CCG average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.
- The practice referred into services such as the Desmond Diabetic Programme, Chronic Obstructive Pulmonary Disease Team, Expert Patient and Heart Rehabilitation Programme. Written management plans were in place for patients with long term conditions and those at risk of hospital admissions.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines

Summary of findings

needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



- 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. We saw positive examples of joint working with health visitors and safeguarding teams.
- The practice held nurse-led baby immunisation clinics and vaccination rates were relatively high for all standard childhood immunisations.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme for patients aged 25-64 in the preceding five years was 85%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. New mothers were offered post-natal and baby development checks; same day appointments for emergency contraception.
- The practice ran a nurse led family health drop in clinic where the nurse took a holistic approach in order to support parents to address issues such as everyday ailments, childhood obesity, dental care, information on children's activities during the school holiday and signposted families to services to support parents to access education and employment.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, they used social media to promote seasonal immunisation programmes as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- Health checks are offered by the nursing team to patients aged 40-75 years old, data provided by the practice showed that 22% received a health check in the past 12 months.
- The practice provided Chlamydia screening.
- The practice offered extended clinic hours on Mondays and Tuesdays from 7.30am to 7pm.

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability (LD). The practice provided data which showed that 100% of patients with a LD have had a care plan, medication and face to face review in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example the practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. The practice also provided carers with a detailed carers pack.

People experiencing poor mental health (including people with dementia)

Good



- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- Performance for patients with a mental health related disorder who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was below the national average. However data provided by the practice on the day showed that 96% had a care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental

Summary of findings

health, including those with dementia. For example the Primary Care Mental Health Nurse held a weekly clinic at the practice, patients who failed to attend were contacted to assess whether there were any concerns.

- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. There were systems in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia. The practice offer opportunistic dementia screening.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages; with the exception of patients overall experience of the practice and recommending the practice to someone who has just moved to the local area. Two-hundred and eighty-six survey forms were distributed and 113 were returned. This represented a 40% completion rate.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. For example, patients felt well looked after and valued by the GP, they said staff were caring, prompt, understanding and provided an excellent service. Patients felt that they were listened to, treatment was always explained and they felt that they were treated with dignity and respect.

We spoke with five patients during the inspection. All five patients we spoke to said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the June 2016 Friends and Family Test identified 80% of patients would recommend Dr Nowsherwan Khan surgery to friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Should ensure arrangements implemented since the inspection for responding to a medical emergency is well established and embedded.
- Review the satisfaction rates from the national GP patient survey in addition to the practice survey, when responding to patient feedback and taking action in response to the findings.

- Ensure that the property owners carry out the required actions relating to gaps in the general cleaning as identified in the infection control audit.
- Proactively use a variety of methods to identify carers and encourage self identification.

Outstanding practice

We saw two areas of outstanding practice where the practice used their knowledge of the local community and patient population as levers to deliver high quality, person centred care. The practice expanded the clinical team in order to respond to population needs. For example:

- Following an audit regarding support for the frail and vulnerable patients the practice employed a part time

independent nurse prescriber who provided domiciliary support for patients who were vulnerable, frail, elderly and recently discharged from hospital. Support included things such as, safety in the home, fire hazards, social welfare, falls, nutrition, care packages and sign posting to other services.

- The practice employed a second part time nurse with a health visitor and dental care background to run a family health drop in clinic. The nurse took a holistic

Summary of findings

approach in order to support parents to address issues such as everyday ailments, childhood obesity, dental care, information on children's activities during the six week holiday and sign posted families to services to support parents to access education and employment. The practice received positive feedback from patients

regarding this service. For example opportunistic testing provided early identification of long term conditions and patients who accessed the service felt that the drop in service provided support when they needed without having to wait for a set appointment.

Dr Nowsherwan Khan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC), Lead Inspector. The team included a GP specialist adviser and an expert by experience.

Background to Dr Nowsherwan Khan

Dr Nowsherwan Khan also known as Darlaston Health Centre is located in Walsall, West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Dr Nowsherwan Khan are below the national average, ranked at two out of 10, with 10 being the least deprived. The practice serves a higher than average patient population aged between zero to 35 and 70 to 74.

The patient list is approximately 2,750 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The surgery is situated on the ground floor of a multipurpose building shared with other health care providers. Parking is available for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of two male GP partners, three practice nurses, one practice manager, one secretary and four receptionists.

The practice is open between 7.15am and 6:30pm Mondays and Tuesdays, 8am and 6:30pm Wednesdays and Fridays; 8am and 12:30pm on Thursdays.

GP consulting hours are from 7:30am to 12:30pm and 3pm to 7pm on Mondays, 7:30am to 12:30pm and 3pm to 6:30pm on Tuesdays. Wednesdays and Friday consulting times are 8am to 12:30pm and 3pm to 6:30pm; and 8am to 12:30pm on Thursdays. Extended consulting hours are offered on Mondays and Tuesdays from 7:30am and Nurses worked until 7pm on Mondays. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by Primecare.

Why we carried out this inspection

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

Detailed findings

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 2 August 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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).

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We reviewed safety records, incident reports, patient safety alerts and requested minutes of meetings where these were discussed. We saw evidence that lessons were shared across the staffing team and action taken to improve safety in the practice was documented.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff we spoke with had a thorough understanding of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process of recording significant events and felt confident in following the process.
- The practice maintained a log of incidents and there was an open learning culture with systems for monitoring, investigating and sharing learning from significant events. For example, the practice held monthly practice meetings where they discussed incidents and actions.

The practice maintained a log of incidents, which included a summary of the event, details of actions taken and learning objectives to improve safety in the practice. For example, we saw action taken to improve the handling of requests for repeat controlled drug prescriptions. The practice implemented an improved process which required all patients to be reviewed by the GP before a repeat prescription was issued. We were told that all controlled drugs were taken off repeat prescriptions and patients were

required to sign a proof of receipt. We were also told that the practice reported that vacutainers were not attached to vials used to collect blood samples. We saw that the practice documented this as a significant event using their online recording form, this triggered a medical equipment alert and as a result, we were told that the suppliers had been changed.

The practice had system in place to ensure they complied with relevant patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA). For example there were systems in place for receiving and distributing alerts which were accessible to all staff in paper form and electronically. We were provided with evidence of alerts received and actions taken, for example following an alert regarding home visits the practice implemented a new policy/protocol for reception staff to follow when receiving requests for home visits.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and we were told that they always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all clinical and non-clinical staff had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene of their medical equipment.

Are services safe?

The practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice, the health care assistant (HCA) supported the nurse with this role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. On the day of the inspection we observed the premises to be clean and tidy; however we were told that the latest infection control audit identified gaps in the thoroughness of their general cleaning. For example, the practice scored 89 out of a possible 100 following an audit carried out by an external infection control specialist, within the last 12 months. We saw that actions were taken to address any improvements identified and we saw evidence that the practice escalated their concerns relating to the quality of the general cleaning with the property owners and cleaning contractors.

- The arrangements for managing medicines, including vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal) with the exception of sufficient stock of emergency medicines. Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were told that a community pharmacist attended the practice three to four hours a week. The practice used a prescribing decision support solution system to aid safe prescribing. Blank prescription stationery was securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Nurse Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and we were told that fire drills were arranged by the property owners, however they the property owners had not carried out a formal fire drill for a number of years. We saw evidence where the practice had been liaising with the property owners regarding their concerns and we saw that the practice took action to ensure staff were aware of what to do in the event of a fire. For example, the practice carried out internal fire drills and staff we spoke to were able to demonstrate their understanding of what to do in the event of a fire. The practice maintained a log of weekly fire alarm tests. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was calibrated appropriately. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were told that all staff worked set hours and were multi-skilled therefore; all non-clinical staff were able to cover a wide variety of non-clinical roles. We were told that they did not implement a rota system for different staffing groups, as there were always enough staff on duty. There were two GPs and requests for annual leave and cover for busy periods were well managed, we were told that the practice had used a locum GP once in the last 12 months.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Due to the layout of one of the consultation rooms the practice identified the risk associated with restricted access to the panic alarm. As a result the practice purchased a portable panic alarm.
- All staff received annual basic life support training and there were emergency medicines available in the

treatment room. However, the practice were left without medicine to respond to anaphylaxis (an allergic reaction) and epileptic fits while GPs carried out home visits. Since the inspection the practice added the required medicine to the treatment rooms.

- 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.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had established systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 97% of the total number of points available; this was higher than the national average of 95%. Exception reporting for clinical domains (combined overall total) was below CCG and national average (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). For example 6% compared to CCG average of 8% and national average of 9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example 77% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 99%, compared to CCG average of 96% and national average of 94%.

- Performance for mental health related indicators was above the national average. For example 82% compared to the national average of 88%.

Exception reporting for the following domains was higher than CCG and national average. For example:

- Rheumatoid arthritis was 18% compared to CCG average of 3% and national average of 7%.
- Dementia was 18% compared to CCG average of 6% and national average of 8%.

The practice allocated staff to monitor their QOF performance. The practice provided data, which showed patients were exception reported appropriately. Staff we spoke to told us that they would only exception report after all options had been explored and we saw evidence to support this.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, accreditation, peer review and research.
- Findings from audits and information about patients' outcomes were used by the practice to improve services. For example:

The practice carried out an audit on the use of Salbutamol inhalers (used to control asthma) to ensure use was in accordance to NICE guidelines. Out of 250 identified patients, 64% were compliant with the optimum number of inhalers. The practice implemented new systems to improve compliance; for example patients were called for a clinical review and techniques on how to use inhalers. Results following a re-audit showed that 80% of patients were compliant with their use of inhalers.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff were encouraged to complete regular training updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at leadership and educational meetings. We saw that all nurses were encouraged and supported to attend external training events.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice acted on outcomes of appraisals and supported staff to achieve their development goals. For example, a member of staff had qualified as a phlebotomist, completed level one and two health care assistant course and was in the process of commencing level three.
- Staff received training that included: safeguarding, fire safety awareness; basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

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

During our conversations with staff, we saw that staff were committed to working together and collaboratively with

other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had a designated person who acted as the palliative care coordinator; we saw evidence of meeting minutes where the practice attended.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation, alcohol and drug replacement therapy. The practice provided additional support for young mothers; for example the practice employed a part time nurse who attended the practice once a week to support young mothers and families with a range of health care related issues such as healthy eating for children. Patients were signposted to relevant services.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability; they ensured a female sample taker was available. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Data from the 2014/15 National Cancer Intelligence Network showed:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 81%, compared to CCG average of 73% and national average of 72%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 52% compared to CCG average of 53% and national average of 58%
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 54%, compared to CCG average of 50% and national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages with the exception of Infant Men C (an immunisation used to boost protection against Haemophilus influenza type b (Hib) and meningitisC). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 57% to 100% with the exception of Infant meningitis C which was 57% compared to CCG average of 78%. Staff we spoke with told us that the 12 week MenC vaccine had been withdrawn from the national programme which accounted for the seemingly low uptake percentage. Five year olds ranged from 95% to 97%. The practice provided more recent unratified data from April to June 2016, which showed that 100% of children under two year olds eligible for Infant Meningitis C had received the vaccination, 92% of five year olds eligible had also received the vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Data provided by the practice showed 22% of patients aged 40-74 have had their health checks in the past two years. The practice nurse told us that they sent invitation letters and were also opportunistically carrying out checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also commented on the reception staffs politeness when on the phone and staff always greeted them with a smile.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients' also felt that were very attentive and polite.

Results from the national GP patient survey published on 7 July 2016 showed mixed views regarding how patients felt they were treated with regards to compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses with the exception of the amount of time given and the level of care and concern showed during consultations. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG and national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Staff we spoke to told us that they were not aware of the national GP patient survey results therefore had not taken action to address specific areas, however we were told that the practice carried out an internal patient satisfaction survey. Data provided by the practice showed 96% of patients were satisfied that the GPs and Nurse understood their needs; 100% were satisfied with the overall service received.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to nurse related questions about their involvement in planning and making decisions about their care and treatment however were less favourable to questions relating to the GP. Results regarding the nurse were in line with local and national averages however were below average for GP related questions. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

Fifty patients took part in practice lead patient survey. Data provided by the practice showed that 96% of patients were satisfied the GPs and nurse understood their needs, 100% felt they understood what the GPs and nurse told them.

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as carers (0.7% of the practice list); the new patient registration form identified whether patients were or had a carer. The practice offered health checks, flu vaccinations and provided carers with packs which included information on a range of external support services. Written information was available to direct carers to the various avenues of support available to them. To increase patients' awareness of the range of support available to carers, the practice held drop in mornings to provide information and an opportunity to speak to staff from support agencies.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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. Upon receipt of a death certificate the practice provided relatives with a detailed bereavement pack which included information on various support services such as palliative care bereavement service advice and supporting bereaved children.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered pre-bookable routine appointments on Mondays and Tuesdays from 7:30am for patients who found it difficult to attend during normal working hours. The practice nurse also offered appointments to accommodate working people and school-age children on Mondays, last appointment being 7pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice also provided domiciliary nursing support for patients who were vulnerable, frail, elderly and recently discharged from hospital patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice ran a nurse led family health drop in clinic, we were told that the nurse took a holistic approach in order to support parents to address issues such as childhood obesity, dental care, information on children's activities during school holiday and signposted families to services to support parents to access education and employment. The practice held a record of positive feedback received from patients who accessed the service. This demonstrated that patients were successfully signposted to external support groups and we saw evidence of early diagnosis of long term conditions.
- The practice carried out a search of frail, vulnerable and elderly patients discharged from secondary care in the last 12 months. Out of 300 patients, discharged 13% were frail and/or elderly. In response, the practice

introduced domiciliary support for this population group. The practice employed a part time independent nurse prescriber to carry out follow up home visits with the aim of keeping treatment in the patients' place of choice while ensuring smooth access to wraparound services. Staff we spoke to told us that they have felt a reduction in the volume of calls received and a number of home visit requests from elderly patients. The practice told us that they planned to carry out a re-audit to measure the impact of this service.

- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services. For example following an internal survey the practice identified that patients felt the phones were not answered promptly. To address this we were told that calls were transferred to a third phone line during busy periods.
- Patients in vulnerable circumstances were able to register, for example homeless patients and people residing in local hostels and bail hostels were able to register at the practice.
- The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency, data provided by the practice showed that 23% had care plans in place, 48% received a medication review and 87% has a face to face review in the past 12 months.
- Data received from the practice showed that 70% of patients on the practice dementia register had a care plan in place, received a medical and face to face review in the past 12 months. Data showed that 96% of patients on the mental health register had a care plan in place, received a medication review and 93% had a face to face review in the past 12 months. The practice held a register of patients with a learning disability; data provided by the practice showed that 100% had a care plan in place received a medical and face to face review in the past 12 months.

Access to the service

The practice is open between 7.15am and 6:30pm Mondays and Tuesdays, 8am and 6:30pm Wednesdays and Fridays; 8am and 12:30pm on Thursdays. Appointments were from 7:30am to 12:30pm and 3pm to 7pm on Mondays, 7:30am to 12:30pm and 3pm to 6:30pm on Tuesdays. Wednesdays and Friday consulting times were from 8am to 12:30pm and 3pm to 6:30pm; and 8am to 12:30pm on Thursdays. Extended hours appointments were offered at the

Are services responsive to people's needs?

(for example, to feedback?)

following times on Mondays and Tuesdays from 7:30am and Nurses worked until 7pm on Mondays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published 7 July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had policies and a system in place to assess:

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

For example, staff we spoke to advised us that patient requests for home visits were passed to the GPs for triage. We were told that the GP carried out home visits following their surgery. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait

for a GP home visit, we were told that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had systems in place for handling complaints and concerns.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example posters displayed, summary leaflet available on the reception desk and also copies were placed in the new patient registration pack.

We looked at two complaints received in the last 12 months and found and found the practice carried out thorough reviews and we saw that these complaints were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints; action was taken to as a result to improve the quality of care. For example, the practice implemented a system for acting on the completion of patient requested forms and documents.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff we spoke to knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care however there were gaps in the arrangements to ensure sufficient stock of emergency medicines were available at all times. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff we spoke to were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice had an understanding of their clinical performance, and we saw that the practice had designated staff that monitored this and provided the GP with data, which was discussed during practice meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions practice did not have access to some emergency medicines while GPs were carrying out home visits. Since the inspection the practice reviewed this and added the required medicine to treatment rooms.

Leadership and culture

On the day of inspection the GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We saw that the practice supported staff to for achieve their career goals as identified through annual appraisals. For example we saw that a member of staff started out as a receptionist and is now employed as a practice nurse following completion of the required training. Another member of staff was a trained phlebotomist and was in the process of commencing the final year of the health care assistant course. Staff we spoke to told us that the practice is very supportive of staffs' continual professional development.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. However they did not respond to patient feedback published in the national GP patient survey results in order to identify areas of further improvement.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through internal surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice increased appointment availability for working patients.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and daily team discussions, which were all minuted. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example following concerns raised regarding the issuing of repeat controlled drugs the practice implemented tighter systems for requesting repeat prescriptions and for responding to patients who report lost medicines. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example following a search of frail, vulnerable and elderly patients discharged from secondary care in the last 12 months the practice identified a need to provide additional support. As a result the practice employed a part time practice nurse to provide domiciliary support for this patient group.

The practice ran a nurse led family health drop in clinic where nurse took a holistic approach in order to support parents to address issues such as childhood obesity, dental care, information on children's activities during the six week holiday and sign posted families to services to support parents to access education and employment. The practice received positive feedback from patients regarding this service. For example opportunistic testing provided early identification of long term conditions and patients who accessed the service felt that the drop in service provided support when they needed without having to wait for a set appointment.