

Dr Azim Khan AKA Unity Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Unity Surgery on 28 April 2016. Overall the practice is rated as requires improvement.

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. However, not all risks to patients had been identified, and the systems and processes in place were not implemented well enough to be effective at mitigating risk.
- 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.
- The practice's Quality Outcomes Framework (QOF) performance was variable with exception reporting in some areas being higher than local and national averages.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The majority of patient feedback which included the National GP Patient Survey rated the care provided as good.
- Information about services and how to complain was available and easy to understand. The practice maintained a system for addressing, investigating and responding to complaints received. 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 equipped to treat patients and meet their individual needs.

Summary of findings

- There was a leadership structure and staff felt supported by management. However, not all staff were aware of the practice's mission statement and strategic objectives.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- The provider must ensure the arrangements in place for identifying, assessing and mitigating risk are effective in relation to non clinical staff undertaking chaperone duties. This includes assessment of whether staff should undertake chaperone duties before disclosure barring service checks are completed and delivering training for chaperones.
- The provider must implement effective systems to ensure safe patient care. The provider must do all that is possible to mitigate risks by preventing and controlling the spread of infection.

The areas where the provider should make improvements are:

- Strengthen the systems for monitoring blank prescriptions.
- Ensuring procedures for dealing with emergencies on site are robust.
- Ensuring a co-ordinated and managed approach is adopted for the distribution of medicines alerts within the practice reflecting actions taken to ensure patient safety.
- Taking appropriate action to reduce the high exception rate reporting in some clinical indicators.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Whilst there were some systems and processes in place to reduce risks to patients, the required actions had not been implemented sufficiently to ensure patients were kept safe. This included staff undertaking chaperone duties, infection control and the practice's ability to respond to emergencies.
- There was an effective system in place for reporting and recording significant events. Staff knew how to report events and documentation provided supported this.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received information, reasonable support, and a verbal and written apology when appropriate. They were told about any actions taken to prevent the same thing happening again.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had achieved 97% of available QOF points in 2014/15. The practice's overall exception rate reporting was 9% which was similar to the CCG average of 9.1% and national average of 9.2%.
- Exception rate reporting was however mixed in comparison with CCG and national averages in relation to some clinical indicators. This included people with some long term conditions and those with mental health problems.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute Clinical Excellence (NICE).
- Clinical audits demonstrated quality improvement including improved patient outcomes. For example, a minor surgery audit resulted in more detailed information being provided to patients to minimise any infection risks after procedures took place.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw evidence of staff continuing professional development.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with or higher than others for several aspects of care. This included 90% of patients who said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- The majority of patient feedback highlighted that staff responded compassionately when patients needed help and provided support when required.
- Information for patients about some of the services available was easy to understand and accessible. This included information for carers. Information about support groups was also available on the practice website.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. Appointments were available outside working hours to accommodate those who could not attend during daytime hours.
- 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. This was reflected in feedback from the national GP survey. For example, 79% of patients were usually able to see or speak to their preferred GP. This was above the CCG average of 55% and national average of 59%.
- The practice had good facilities and was equipped to treat patients and meet their needs. This included disabled access and interpretation services available.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. However, not all staff were clear about the vision and their responsibility to support the intended outcomes.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- Although a governance framework was in place, some aspects required strengthening such as risk management.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice actively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Requires improvement



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 safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All older patients had a named GP. Frequent visits were made by the practice GPs to their patients in care homes in and outside of working hours. Care home managers we spoke with praised the practice for their responsiveness and hands on approach.
- National data showed the practice was performing in line with the local CCG and national averages for its achievement within stroke and transient ischaemic attack (TIA) related indicators. Data showed that 87% of patients with a history of stroke or TIA had received a blood pressure reading within the previous 12 months. The CCG average was 90% and national average was 88%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Requires improvement



The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data showed the practice had achieved 100% of QOF points in chronic obstructive pulmonary disease (COPD) compared with the local CCG of 98% and national average of 96%. However, exception rate reporting was 24.3% above CCG average and 23.5% above national average for one COPD indicator. The practice told us that coding errors may account for high variation in some of its exception reporting.

Summary of findings

- The practice had 529 patients registered with long term conditions. All these patients were offered a structured annual review to check their health and medicines needs were being met.
- Practice supplied data showed that 414 patients had received an annual review. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to meet their needs.
- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- 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 all standard childhood immunisations ranged from 90% to 100%. This was above CCG averages which ranged from 88% to 98%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had designed and sent welcome letters for all patients attaining the age of 16 to inform them about the services available to them.
- Appointments were available outside of school hours and the premises were suitable for families and young children.
- Whilst the practice had been unable to meet with their health visitor recently, we saw examples where safeguarding concerns had been discussed amongst clinical staff and appropriate action had been taken by the practice to share information with other agencies.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

Requires improvement



The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- 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 and flexible.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- 87% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. The practice was performing above the CCG average of 86% and above the national average of 82%.

People whose circumstances may make them vulnerable

Requires improvement



The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 12 patients on the learning disability register, 10 of these had been offered an annual health check and 8 had received a check in the last twelve months.
- The practice offered longer appointments for patients in vulnerable circumstances.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had undertaken an audit of its patients who were considered at risk of domestic violence. This was to ensure information held was up to date and safeguarding prioritised for vulnerable family members.
- Care plans had been implemented for those patients identified as close to the end of their life. The practice held

Summary of findings

regular multidisciplinary meetings where all patients who were vulnerable and requiring care or support were discussed with input from other care teams into their holistic care.

People experiencing poor mental health (including people with dementia)

Requires improvement



The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- The practice held a register of 15 patients who had poor mental health. All of these patients had been offered an annual health check. Data supplied by the practice showed that 8 of these checks had been undertaken.
- Data showed that 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 86% and above the national average of 88%. Exception reporting was 22.6% above the CCG average however, and 28.6% above the national average. We found from our review of anonymised patient records that the majority of patients on the register had in fact received reviews.
- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 88% and national average of 84%. Exception rate reporting was however, 7% above the CCG average and 7.7% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and showed that the practice was performing above local and national averages. 277 survey forms were distributed and 103 were returned. This represented a 37% response rate.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% 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%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% 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 25 comment cards, 22 of which were positive about the standard of care received. Comments included that an excellent service was provided, and the majority made particular reference to the staff and stated that they demonstrated care, skill and understanding. Three negative comments received referred to the appointment system and reception and clinical staff not always listening.

We spoke with 8 patients during the inspection. The majority of patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice's results from the NHS Friends and Family test showed that in the last twelve months 89% of patients would recommend the practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure the arrangements in place for identifying, assessing and mitigating risk are effective in relation to non clinical staff undertaking chaperone duties. This includes assessment of whether staff should undertake chaperone duties before disclosure barring service checks are completed and delivering training for chaperones.
- The provider must implement effective systems to ensure safe patient care. The provider must do all that is possible to mitigate risks by preventing and controlling the spread of infection.

Action the service **SHOULD** take to improve

- Strengthen the systems for monitoring blank prescriptions.
- Ensuring procedures for dealing with emergencies on site are robust, specifically regarding the access arrangements to oxygen.
- Ensuring a co-ordinated and managed approach is adopted for the distribution of medicines alerts within the practice reflecting actions taken to ensure patient safety.
- Taking appropriate action to reduce the high exception rate reporting in some clinical indicators.

Dr Azim Khan AKA Unity Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Azim Khan AKA Unity Surgery

Unity Surgery is located in Mapperley in the north-east of Nottingham. It is approximately 3 miles from Nottingham City Centre. There is direct access to the practice by public transport and limited parking is also available on site.

The practice has a current list size of approximately 3785 patients.

The practice holds a Personal Medical Services (PMS) contract to deliver care to the public.

The number of patients of working age and older people registered at the practice is higher than the national average. The practice also has a higher number of patients with long term conditions registered (69%) compared to the local CCG average.(54%)

The practice is managed by one GP (male) who works on a part time basis delivering 7 clinical sessions per week. The practice also has two salaried GPs (female and male) who work part time. One (female) GP delivers 5 clinical sessions and one (male) GP delivers 2 clinical sessions per week. They are supported by clinical staff; one (female) part time

practice nurse and one (female) part time healthcare assistant. The practice also employs a practice manager, assistant practice manager and a team of reception, clerical and administrative staff.

The practice is involved in the teaching of medical students from a local medical school. Students in their first and final years study, spend some time working with one of the GPs within the practice.

The practice is open on Monday, Tuesday, Wednesday and Friday from 8.30am to 1pm and 2pm to 6.30pm. On Thursday the practice is open from 8.30am to 1pm. Appointments are available Monday 8.40am to 11am and 2pm to 8.30pm, Tuesday 8.40am to 11am and 4pm to 5.30pm, Wednesday 8.40am to 11am and 4pm to 5.30pm, Thursday 8.40am to 11am and Friday 8.40am to 11am and 4pm to 5.30pm. The practice is closed during weekends.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are currently provided by Nottingham Emergency Medical Services. When the practice is closed, the telephone line redirects patients to the out of hours service.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 April 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, practice manager, practice administrator, clerical and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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 an effective system in place for reporting, recording and managing significant events.

- Staff told us they would inform the practice manager of any safety 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 appropriate information, reasonable support, an apology and were told about any actions taken to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an error occurred regarding the recording of a blood test result, which could have impacted upon patient care and treatment. The practice undertook an analysis of the circumstances which led to the event, and introduced preventative measures to reduce the risk of re-occurrence. The practice had also utilised an electronic system to ensure a more efficient process when requesting and reviewing blood test results.

The practice clinicians received Medicines and Healthcare Products Regulatory Agency (MHRA) alerts directly, rather than through a process of distribution from a nominated member of staff. We were told about an example of an alert where subsequent review had taken place by one of the clinicians within the practice. The absence of a unified or managed approach to addressing these alerts and any necessary action required, could present a risk that some may become inadvertently overlooked and patient safety put at risk.

Overview of safety systems and processes

The practice had some systems and procedures in place to keep patients safe and safeguarded from abuse, but we found inconsistencies which required action to be taken.

- We found that arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation. 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 who was the practice nurse. Staff demonstrated they understood their responsibilities and all staff had received appropriate training on safeguarding children and vulnerable adults relevant to their roles.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had not undertaken formal training to carry out the role. A chaperone policy was in place which included information for chaperones about the expectations of the role and the procedure involved. A recently appointed member of administrative staff had undertaken a chaperone role, before the practice had obtained a 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). A risk assessment had not been completed to assess whether the member of staff should undertake a chaperone role in the interim. Other members of staff undertaking the chaperone role had received a DBS check.
- We found inconsistencies in the practice standards of cleanliness and hygiene. We observed some areas to be clean and tidy, but noted there were areas which were not clean and hygienic. This included a treatment room where minor surgery had taken place, dusty lighting, venetian blinds which required cleaning or removal and mop heads in the cleaning cupboard which required replacing. We were advised that a contract cleaner was used two days of the week, with practice staff undertaking cleaning duties on other days. We asked to see practice cleaning schedules and monitoring information, but information provided was limited. The evidence did not clearly demonstrate that the cleaners followed schedules or that their work was effectively monitored.

Are services safe?

- The practice nurse was recently appointed as the infection control lead. We spoke with the local infection prevention teams to enquire if the practice had maintained contact to keep up to date with best practice. We were informed that they had recently assisted the practice with an infection control audit, which had highlighted a number of areas which required improvements. The infection control audit, completed in April 2016 identified that an increase in domestic cleaning hours was required as well as training of the domestic staff used. Other issues identified included replacement of the flooring in a treatment room, and unsealed work surfaces under a window. These were highlighted as requirements to prevent dust, debris and moisture accumulating. The practice had completed a detailed action plan in response, a copy of which was sent to the local prevention infection control team. The practice management, advised us that the practice were committed to ensuring all the issues identified would be rectified. Staff told us that some arrangements were underway, for example, the replacement of the flooring, and a meeting with the contracted cleaners had been held to discuss improvements.
- There was an infection control protocol in place. Staff confirmed they were booked on further training to update their knowledge in infection control and hand washing, which was due to take place in May 2016. We were also informed that three monthly infection control audits would commence in the practice in June 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We found however that whilst blank prescriptions were securely stored, they were not monitored. There was also no recording or monitoring system in place for when blank prescriptions were distributed.
- We reviewed four 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 checks through the Disclosure and Barring Service. We noted that one DBS certificate had been accepted from a member of staff's former employment although it had been undertaken within twelve months prior to their appointment at the practice. The practice had not undertaken a risk assessment to ascertain whether a new check should have been requested.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training in their induction. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other 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). We noted that a legionella risk assessment had recently been undertaken in April 2016 which identified recommendations for the practice to adopt. The practice had put plans in place to adopt these recommendations.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs in relation to GP led clinical care. We were informed that nurse cover was not put in place if the practice nurse took annual leave. The practice told us that smear clinics would not be booked during these periods of nurse absence. We were informed that the healthcare assistant could however, undertake a range of procedures and patients still had access to GPs during nurse absence. There was a rota system in place for all the other staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents, but it was not equipped to deal with all events.

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises. We found however, that oxygen was not held within the premises. The practice management advised us that they had not considered this as a necessary requirement and had not risk assessed their decision making to determine whether there were any risks associated with this. They told us they would make contact with the emergency services if a patient required oxygen to be administered. Following our inspection a decision was made to hold oxygen and we were provided with evidence of this purchase.
- A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan 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 patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records. We reviewed a practice audit relating to the management of atrial fibrillation (heart condition which causes an irregular heartbeat), which was undertaken as a result of changes in NICE guidelines.

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 with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) Overall exception rate reporting was in line with local and national averages. Data from 2014/15 showed:

- Performance for diabetes related indicators was 95% which was above the CCG average of 87% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was comparable to the CCG average of 85% and national average of 84%. Exception reporting was 1.3% below CCG average and 1% below national average.

- 78% of patients with asthma had had a review in the previous 12 months. This was above the CCG average of 76% and national average of 75%. Exception rate reporting was 7% below the CCG average and 6.1% below national average.
- 100% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 86% and above the national average of 88%. Exception reporting was however, 22.6% above CCG average and 28.6% above national average.
- 100% of patients with chronic obstructive pulmonary disease (COPD) had a confirmed diagnosis made within 12 months. This was above the CCG average of 94% and national average of 90%. Exception rate reporting was however, 24.3% above CCG average and 23.5% above national average.

Whilst we noted low exception reporting within the majority of areas of QOF performance, we found five areas where the practice had a higher rate of exception reporting compared to the CCG and national averages.

We reviewed anonymised data during our inspection and discussed this with the practice management. The practice had 15 patients on their mental health register. We noted that small variations in this sample could have significant affects upon the statistical findings. We found that the majority of patients had received reviews with a smaller number who had been exception reported, 3 in total. The practice advised us that the higher exception rate reporting in chronic obstructive pulmonary disease (COPD) may have arisen as a result of coding errors. The analysis of a sample of 12 anonymised patient records on the COPD register during 2014/15 and 2015/16 highlighted 1 case where exception reporting had been recorded, because the patient did not attend for diagnosis. The practice informed us that they intended to undertake more detailed audits to investigate these areas further.

There was evidence of quality improvement including clinical audit.

- A number of clinical audits had been undertaken in the last two years. We reviewed a completed audit involving minor surgery, where improvements were implemented and monitored. Audit outcomes included assurances that all samples of cells or tissues taken during minor

Are services effective?

(for example, treatment is effective)

surgery had been sent for appropriate analysis. This ensured that referrals were made where it was identified that a patient's medical condition could become progressively worse. Analysis of any infections or complications which had arisen through minor surgery, had resulted in more detailed information and literature being given to patients about their self care. This had resulted in no identified infections or complications in patients in a later audit undertaken.

- The practice had undertaken a detailed analysis of its antibiotic prescribing from 2013 to the present date. This had resulted in improvements to current prescribing. The practice had sought to educate and reassure its patients regarding antibiotic usage, and data obtained showed that the practice was one of the lowest in the CCG for the prescribing of antibiotics.

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 such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. The practice nurse had updated her training in chronic obstructive pulmonary disease (COPD) in 2015, and advised us that she regularly attended protected learning time events led by the CCG. The nurse administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. The nurse who administered vaccines could demonstrate how she stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion with peers at meetings held.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews. Staff had access to 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We were informed that a new electronic training record was in the process of being developed, to ensure that all staff training requirements could be more easily monitored.

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 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.

Staff worked together and with other health and social care professionals to meet 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 regular basis, when care plans were routinely reviewed and updated for patients with complex needs. Our review of documented minutes supported a robust coordinated approach in place. We also looked at data supplied by the CCG which showed that the practice was one of the lowest within the locality for emergency hospital admissions between April 2015 to January 2016.

We spoke with four of the care homes where patients were resident. Feedback was extremely positive regarding the effectiveness of the practice doctors in providing care, liaising with home care staff and the frequency of visits made to see patients.

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.

Are services effective?

(for example, treatment is effective)

- 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. We were provided with examples to demonstrate how written consent was obtained from patients prior to any minor surgery being undertaken.

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 health advice for diet and alcohol cessation. Patients were signposted to the relevant service. Information was displayed within the practice reception waiting area, which included contact details for mental health services. A number of links were included on the practice website to assist patients. These included counselling and cancer support services.
- Smoking cessation advice was available from a local support group, New Leaf. Data supplied by the practice showed that 88% of its patients registered as smokers had been offered advice on smoking cessation.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 86% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test and a follow up telephone call. The practice nurse who undertook the cervical screening tests was female.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 66%, which was above the CCG average of 63%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 83%, which was above the CCG average of 79%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% within the practice. The CCG rates varied from 92% to 96%. Five year old vaccinations rates ranged from 90% to 96% within the practice. The CCG rates ranged from 88% to 98%.

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.

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 or screens 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.

We reviewed 25 patient Care Quality Commission comment cards we received, and found 22 of these 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. Two comments referred to reception and clinical staff not always listening.

We spoke with three members 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. Patient comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The majority of patients told us they felt involved in decisions 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. One patient told us that they did not feel involved in their care and treatment received. Patient feedback from the comment cards we received was also positive and aligned with the majority of the views held. We also saw that care plans were personalised.

Results from the national GP patient survey mostly showed that patients responded positively to questions about their involvement in planning, and decisions about their care and treatment. Results were below and above local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and 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 CCG average of 85% and national average of 85%.

We also reviewed feedback left on NHS Choices. Six comments were left by members of the public since 2014; two of these were positive and four negative. Positive comments made reference to the helpfulness and friendliness of staff. Negative comments referred to appointments being rushed and communication skills needing to be improved.

Are services caring?

Staff told us that interpreting services were available for patients who did not have English as a first language. Reception staff informed us they could also speak a number of languages which could assist some patients. We noted that information for patients about accessing healthcare was available on the practice's website in a variety of languages.

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 some support groups and organisations. This included carers support. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 102 patients as carers. This represented 2.7% of the practice list. The practice advised us that they were visited quarterly by a representative from the Carers Federation, and were given advice, such as identifying young carers. Written information was available to direct carers to the various avenues of support available to them. We were informed that a carers information pack was provided to those patients who had this responsibility.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments on Mondays up until 8.30pm which enabled some flexibility for working age patients to attend.
- There were longer appointments available for patients with a learning disability and those vulnerable patients who required extra time.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice. This included those patients who required flu vaccinations, and those aged over 75 who required an annual health review.
- The practice visited care homes where patients were resident to undertake reviews.
- Appointments were available for children and those patients with medical problems that required same day consultation.
- The practice offered a range of minor surgical procedures, which included removal of skin lesions and joint injections.
- The practice provided a diabetic clinic and insulin initiation, as well as access to a CCG funded specialist diabetic nurse, for those patients who would benefit.
- The practice offered aortic aneurysm screening on site. (test for detecting a dangerous swelling of the main blood vessel)
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, and interpretation services available.

Access to the service

The practice was open on Monday, Tuesday, Wednesday and Friday 8.30am to 1pm and 2pm to 6.30pm. On Thursday the practice was open from 8.30am to 1pm. Appointments were available from Monday 8.40am to

11am and 2pm to 8.30pm, Tuesday 8.40am to 11am and 4pm to 5.30pm, Wednesday 8.40am to 11am and 4pm to 5.30pm, Thursday 8.40am to 11am and Friday 8.40am to 11am and 4pm to 5.30pm.

In addition to pre-bookable appointments which were available within two to three days in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 79% of patients were usually able to see or speak to their preferred GP. This was above the CCG average of 55% and national average of 59%.

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

The practice had a system in place to assess:

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

The practice computer system highlighted vulnerable patients who may require additional measures to be put in place, such as when home visits may be necessary. Staff we spoke with told us that the GP lead clinician would undertake home visits whenever required, and demonstrated a proactive approach in relation to this.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. This included information on the practice's website and the practice information leaflet, which was available to take at the reception desk.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a

timely way with openness and transparency. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care. For example, a complaint was received which resulted in the practice management investigating an incident, and then meeting with the staff member concerned. A written apology was sent to the complainant.

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

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

- The practice had a mission statement which included the principle that patients come first. We saw positive examples which demonstrated this, but we also found areas of inconsistency which showed that this principle was not always followed. For example, infection control, staff undertaking chaperoning duties and the practice's ability to respond to an emergency if an incident arose. Administrative staff we spoke with were unaware of the practice's mission statement and values.
- The practice had completed a business plan, which included the aspiration to become a full teaching practice by August 2017. The practice had ongoing plans to expand its premises to enable the development of this.

Governance arrangements

The practice had a governance framework, although this required strengthening.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We reviewed a variety of clinical audits undertaken, which included improvements to patient care. For example, an audit into the management of atrial fibrillation resulted in all patients on this register being reviewed and having appropriate information recorded in their notes.
- There were arrangements for identifying, recording and managing some risks and mitigating actions. For example, significant events reported and identified risks from these which were appropriately managed. We found systemic weaknesses in governance systems however, as a number of risks to patients had not been

recognised. When risks and issues were identified and presented to the practice, they were acted upon. A proactive approach to identifying these issues was not shown by the practice.

Leadership and culture

The practice was led by one GP clinician. He was supported by other clinical staff, a practice manager and assistant practice manager.

Areas were identified where strong leadership was required to ensure an effective and consistent approach to all issues was adopted by practice management. For example, we reviewed documented meeting minutes which indicated serious issues had been raised and had not been sufficiently addressed within a timely manner. The minutes of a staff meeting (September 2015), highlighted concerns regarding the quality of cleaning services being provided to the practice. At the time of our inspection, weaknesses in this area of infection control were still present.

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 for practice management staff on communicating with patients about notifiable safety incidents. The GP lead 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, information and a verbal and written apology when appropriate.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. We saw documented meeting minutes which supported this.
- 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.

Are services well-led?

Requires improvement 

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

- Staff said they felt respected and supported by the practice management. All staff were involved in discussions about how the practice delivered its services.

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

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

- These included patient satisfaction audits and benchmarking against other local practices with similar demographics.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through 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 had deployed different height chairs to accommodate patients with varying mobility needs.
- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment was not provided as the provider did not assess all of the risks to the health and safety of service users receiving care and treatment;</p> <p>Systems were not in place to prevent, control and monitor the spread of infections and maintain a clean environment to ensure patients receive safe and effective care.</p> <p>Non clinical staff had undertaken chaperone duties and had not been trained to do so. A risk assessment had not been conducted to determine whether staff should undertake chaperone duties before a disclosure and barring service check had been undertaken.</p> <p>12 (1)(2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The arrangements required to assess, monitor and mitigate risk in relation to the health, safety and welfare of service users were not sufficiently in place. For example, we identified gaps in record keeping for infection control, such as cleaning schedules and appropriate checks on quality of cleaning undertaken. When feedback was received by staff, the practice could not demonstrate that it had responded to concerns raised in a timely or effective manner.</p> <p>17 (1)(2)</p>