

# Dr Samir Sadik

## Quality Report

Waterloo Medical Centre  
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Website: currently no 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?

Requires improvement



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 Samir Sadiks' on 10 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Data showed patient outcomes were comparable to those locally and nationally.
- Feedback from patients about their care was consistently and strongly positive.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- 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.
- Information about services and how to complain was available and easy to understand.
- 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. The practice sought feedback from staff and patients, which it acted on.

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

# Summary of findings

- Ensure recruitment and selection processes are in place in line with legal requirements.

In addition the provider should:

- Have a formalised business continuity plan in place
- Look to establish a full cycle audit programme in addition to those initiated by the CCG.

- Ensure sufficient levels of nursing staff are in post.
- Ensure an adequate recall system is implemented to ensure patients who require annual reviews, receive them in a timely manner.

**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.

- There were systems in place for reporting and recording significant events
- When there were unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practises in place to keep patients safe and safeguarded from abuse.
- Improvement was required in relation to the recruitment checks carried out for new staff in line with legal requirements.
- Risks to patients were assessed and well managed.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There wasn't an adequate recall system in place to ensure patients who require annual reviews, receive them in a timely manner.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

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

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Patients could access appointments and services in a way and at a time that suited them. Telephone consultations were readily available and home visits were provided to housebound patients.
- The practice offered walk in surgeries three mornings a week from 8:30am to 10:30am.
- 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 improving confidentiality at the reception desk.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- 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 and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.

There was an active and involved patient participation group.

Good



# 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

The practice is rated as good for the care of older people.

- 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, and offered home visits and urgent appointments for those with enhanced needs.
- The practice is part of a local over 75s scheme in which a GP contacts patients by telephone on a monthly basis to check on their wellbeing and arranges visits where required. As part of the scheme a pharmacist supports the practice in reviewing the medication of patients over 75.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicine needs were being met, we noted however some patients' reviews were overdue. The practice was working to address this by contacting patients. For those patients with the most complex needs, the GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.
- Patients with COPD and Asthma had access to medication at home for acute exacerbations and were directed to a structured education programme. Medication was reviewed by a pharmacist.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 were relatively high for all standard childhood immunisations.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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.
- Walk in surgeries were available between 8:30am and 10:30am three mornings a week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Annual reviews were provided for patients with learning disabilities using a nationally recognised tool.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 76.47% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 87.51% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice promoted the local “Healthy Minds” service.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing higher than local and national averages. There were 98 responses and a response rate of 31%, representing 4% of the practice population.

- 84% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 75% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 78% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

- 68% would recommend this surgery to someone new to the area compared with a CCG average of 73% and a national average of 78%

The practice invited patients within the practice and online to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from the five responses received throughout January 2016 showed four patients would be 'extremely likely' and one 'likely' to recommend Dr Samir Sadik to friends or family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received no comment cards.

# Dr Samir Sadik

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor and practice manager specialist advisor.

### Background to Dr Samir Sadik

Dr Samir Sadik provides primary medical services in Ashton Under Lyne, Tameside from Monday to Friday. The surgery is open Monday to Friday 8:30am to 6:00pm, closed Wednesday afternoon. Appointments with a GP are available:

Monday 8:30 - 10:30am (appointment only) and 3:30 – 5:30pm (appointment only)

Tuesday 8:30 - 10:30am (walk in) and 3:30 – 5:30pm (appointment only)

Wednesday 8:30 - 10:30am (walk in)

Thursday 8:30 - 10:30am (walk in) and 3:30 – 5:30pm (appointment only)

Friday 8:30 - 10:30am (appointment only) and 3:30 – 5:30pm (appointment only)

Dr Samir Sadik's practice is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Dr Samir Sadik is responsible for providing care to 2572 patients.

The practice is single handed with one male GP and two salaried GPs providing one surgery each per week. One of the salaried GPs is female. The practice also has two part time nurses and a phlebotomist. The practice is supported by a part time temporary practice manager, receptionists and administrators.

When the practice is closed patients are directed to the out of hour's service.

### Why we carried out this inspection

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

### How we carried out this inspection

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

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

# Detailed findings

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

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

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 10 February 2016. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with seven patients and six members of staff, including the GP, practice manager, practice nurse, health care assistant, reception and administration staff.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for consistency.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and discussed with relevant staff, following which action plans were implemented. We noted significant events were reviewed to ensure actions implemented were effective.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements, and 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. The GP was lead for safeguarding children and adults. The lead attended local safeguarding meetings and attended where and when possible case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities.
- A notice was displayed in the waiting room, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice carried out checks on fire extinguishers and annual checks were carried out. All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Staff recruitment checks were carried out, however we found in five files of newly recruited staff not all recruitment checks had been undertaken prior to employment. For example, record of interview, proof of identification, qualifications and registration with the appropriate professional body.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice had a temporary part time practice manager in post, whilst they were recruiting a replacement.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and childrens' masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

## Are services safe?

The practice had a business continuity plan in place for major incidents such as power failure or building damage.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including NICE best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date with these guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The practice had a range of clinical protocols in place for clinicians to follow, including a learning disabilities protocol and prevention of chronic heart disease.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 86.4% of the total number of points available, with 4.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were in line or below the national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators were below CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicator was comparable to the CCG and national average.

Speaking with the GP they were aware of the lower than average outcomes, this was due in part to a shortage of nursing staff and an inadequate recall system. A new administration team had a system in place to recall patients and we were told the GP continued to try to recruit additional nurses.

Clinical audits demonstrated quality improvement.

- There had been a range of medication audits carried out with the local CCG and we saw evidence of reduction in antibiotic prescribing in light of one audit.
- There were no full cycle audits carried out by the GP, we noted however one audit had started to look at the use of rescue medication for patients with COPD.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice participated in applicable local audits, engaging in the new CCG quality scheme, national benchmarking, accreditation and peer review. The GP was part of a local single handed GP group in which they would carry out peer reviews and discuss new guidance and share good practice.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. All staff had had an appraisal within the last 12 months.
- The practice were completing a skills audit of staff, as the staff team were very new, in order to identify training needs and to implement an annual training programme. Staff had to date received training that included:

# Are services effective?

## (for example, treatment is effective)

safeguarding, fire procedures, basic life support and information governance awareness. 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 practices' patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place and were minuted.

### 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.
- Clinical staff had undertaken training in relation to the MCA 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 GPs would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet, smoking and alcohol cessation. Patients who may be in need of extra support were identified by the practice and where they required emotional and or psychological support the practice referred patients to the healthy minds self-referral service. Patients had access to a smoking cessation worker who attended the practice fortnightly and a counsellor.

The practice had a screening programme in place for patients. The practice uptake for the cervical screening programme was 72.38% which was below the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, NHS England figures showed in 2015, 88.1% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for people aged 40–74 and annual health checks for carers.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with seven patients who were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

The practice had comparable satisfaction scores on consultations with doctors and nurses as compared to national and CCG scores. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 84% 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%.
- 81% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 99% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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.

Results from the national GP patient survey we reviewed showed patients responses varied to questions about their involvement in planning and making decisions about their care and treatment. These results were lower than the local and national averages. For example:

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%

Staff told us that translation services were available for patients who did not have English as a first language and extended appointments would be book if an interpreter was required.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission. The GP regularly reviewed care plans including those patients in residential and nursing homes, where they kept staff and relatives up to date with any changes.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room advised patients how to access a number of support groups and organisations.

The practice computer system alerted staff if a patient was also a carer. There were 14 patients registered as carers at the practice. Written information was available for carers to ensure they understood the various avenues of support available to them and a dedicated display board was kept up to date in the waiting area.



## Are services caring?

Staff told us that if families had suffered bereavement, the 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals including neighbourhood teams.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- The practice offered walk in surgeries three mornings a week from 8:30 to 10:30am.
- There were longer appointments available for patients with a learning disability and those requiring an interpreter.
- The practice provided an anticoagulation service and INR tests for patients and patients from other practice in the locality to prevent them having to travel for INR testing.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Patients were able to receive travel vaccinations available on the NHS and those only available privately were referred to other clinics for vaccines.

### Access to the service

GP appointments were available Monday to Friday:

Monday 8:30 - 10:30am (appointment only) and 3:30 - 5:30pm (appointment only)

Tuesday 8:30 - 10:30am (walk in) and 3:30 - 5:30pm (appointment only)

Wednesday 8:30 - 10:30am (walk in)

Thursday 8:30 - 10:30am (walk in) and 3:30 - 5:30pm (appointment only)

Friday 8:30 - 10:30am (appointment only) and 3:30 - 5:30pm (appointment only)

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the day.

The practice regularly monitored the demand on the service and the number of appointments available.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 80% describe their overall experience of this surgery as good compared to the CCG average of 81% and national average of 85%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written complaints. We looked at one complaint received in the last 12 months and found this was satisfactorily handled and dealt with in a timely way with openness and transparency when dealing with the compliant.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# 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 and staff knew and understood the values.
- The practice had succession plans in place and supporting business plan which reflected the vision and values.
- The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and the newly formed staff team were undergoing a skills audit to identify training and development opportunities. The practice was aware of the need for additional nursing staff and was actively recruiting.
- Staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was in place.
- A programme of medication audits initiated by the CCG was in place and was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice was engaged with the local CCG quality improvement scheme.
- The GP engaged with the CCG and locality groups.
- The GP was a member of a single handed GP association and the family doctor association to share knowledge and good practice.

### Leadership, openness and transparency

The GP and temporary manager within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GP was visible, the practice

manager had an open door policy and alongside the GP they were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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. The practice had clinicians within the practice with a range of clinical expertise.

Staff told us that the practice held regular team meetings. With practice meetings, clinical meetings held quarterly. The GP and nursing staff met informally on a regular basis where they discussed clinical issues. Vulnerable patients or high risk patients were also discussed to ensure patients' needs were met.

- Gold standard framework meetings were held where required with health visitors, district nurses and Macmillan. All meetings were minuted.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP. All staff were involved in discussions about how to run and develop the practice, and the GP and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and complaints received.

There were active PPG members who engaged with the practice through regular face to face meetings and emails and meeting with Dr Sadik bi monthly.

The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## 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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Maternity and midwifery services	Regulation 19 - Fit and proper persons employed
Surgical procedures	2. Recruitment procedures must be established and operated effectively to ensure that persons employed meet the conditions in—
Treatment of disease, disorder or injury	a. paragraph (1), or
	b. in a case to which regulation 5 applies, paragraph (3) of that regulation.
	3.The following information must be available in relation to each such person employed—
	c. the information specified in Schedule 3, and
	d. such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.
	4.Persons employed must be registered with the relevant professional body where such registration is required by, or under, any enactment in relation to—
	e. the work that the person is to perform, or
	f. the title that the person takes or uses.
	How the regulation was not being met:
	The arrangements for the safe recruitment of staff was not robust and routine checks of registration with professional bodies was not evident.