

# Dr Ashraf Botros

## 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?

Requires improvement



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 8.30am on 22 March 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.
- Risks to patients were generally assessed and well managed. However, the practice did not have an Automated External Defibrillator (AED) and they had not carried out a risk assessment to ensure risks to patients are minimised. Disclosure and Barring Services (DBS) checks were not always specific to the practice and there was no system in place to monitor prescriptions given out from the doctors bag.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had

the skills, knowledge and experience to deliver effective care and treatment. However, staff had not received formal training in the Mental Capacity Act 2005.

- Data showed patient outcomes were comparable to the locality and nationally. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Update Disclosure and Barring Services (DBS) checks on staff to ensure they are specific to the practice
- Carry out a risk assessment of the practice decision not to provide immediate access to a Automated External Defibrillator (AED) to ensure risks to patients are minimised.
- Ensure there is a system in place to monitor the use of prescription pads.

In addition the provider should:

- Ensure patients on the learning disabilities register are reviewed annually and have completed care plans.
- Implement a programme of clinical audit and re-audit to drive improvements in patient outcomes.
- Ensure staff receive formal training in the Mental Capacity Act 2005.
- Take action to proactively identify patients who are also carers.
- Ensure translation services are advertised in the patient waiting area.
- Implement a robust strategy to deliver the practice vision.

**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 as there are areas where improvements must be made.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed. However, the practice did not have an Automated External Defibrillator (AED) available and they had not carried out a risk assessment to ensure risks to patients are minimised.
- Disclosure and Barring Services (DBS) checks were not always specific to the practice including those for a locum GP, a nurse and the healthcare assistant.
- Prescription pads were securely stored however there was no system in place to monitor prescriptions given out from the doctors bag.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff generally had the skills, knowledge and experience to deliver effective care and treatment. However, staff had not received formal training in the Mental Capacity Act 2005.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Requires improvement**



# Summary of findings

- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- Patients on the learning disability register were in need of review and they did not have completed care plans.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was providing local CCG out of hospital services including anticoagulation and minor surgery.
- 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 adequate facilities and was equipped to treat patients and meet their needs.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. However, there was no robust strategy or supporting business plans in place that were regularly monitored.

Good



# Summary of findings

- 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 principal GP encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# 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 provider was rated as requires improvement for safety and effective and good for caring, responsive and well-led. The issues identified as requiring improvement overall affected all 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was providing the avoiding unplanned admissions to hospital service for older people and had identified the 2% most at risk of hospital admission. Care plans were in place and complex cases were discussed at bimonthly multi-disciplinary meetings.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and effective and good for caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Quality and Outcomes Framework (QOF) performance for diabetes related indicators was 86% which was similar to the CCG average and 4% below national average. The practice had an action plan to improve diabetes management.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement for safety and effective and good for caring, responsive and well-led. The issues identified as requiring improvement overall affected all 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 were relatively high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the the last 12 months was 84% which was above the national average of 75%.
- 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's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We did not see examples of joint working with midwives, health visitors and school nurses.

Requires improvement



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

The provider was rated as requires improvement for safety and effective and good for caring, responsive and well-led. The issues identified as requiring improvement overall affected all 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, flexible and offered continuity of care.
- 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.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and effective and good for caring, responsive and well-led. The issues identified as requiring improvement overall affected all 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 and those experiencing poor mental health.
- The practice had signed up to the local out of hospital care of homeless patients.
- 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.
- 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.
- The GP provided drug and alcohol misuse clinics as part of the drug misuse shared care scheme.
- The practice had 19 patients on the learning disability register however we found that only three had been reviewed in the last 12 months and none of the patients had completed care plans.

Requires improvement



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

The provider was rated as requires improvement for safety and effective and good for caring, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% which was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Requires improvement



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and two survey forms were distributed and 85 were returned. This represented 2.7% of the practice's patient list.

- 78% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients said it was an excellent service with very supportive staff.

We spoke with ten patients during the inspection. All ten patients said they were happy with the care they received and thought staff were approachable, committed and caring. The latest results of the NHS Friends and Family Test showed that out of 16 responses, 88% of patients recommended the practice.

# Dr Ashraf Botros

## 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, a practice manager specialist adviser and an Expert by Experience.

## Background to Dr Ashraf Botros

Dr Ashraf Botros also known as St. Georges Medical Centre is situated at 276 Lady Margaret Road, Southall, Middlesex, UB1 2RX. The practice provides NHS primary care services through a General Medical Services (GMS) contract to approximately 3,100 people living in the Southall area of the London Borough of Ealing. The practice is part of the NHS Ealing Clinical Commissioning Group (CCG). The practice is also part of the North Southall GP network which comprises 15 GP practices.

The practice population is ethnically diverse with a higher than average number of children and people between 20 and 50 years old. The population over 50 years is lower than average. The practice area is rated in the fourth most deprived decile of the Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have a greater need for health services.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury and surgical procedures.

The practice team consists of a full time male principal GP, a part time female locum GP, two practice nurses, a health care assistant and three reception staff.

The practice is open between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday and 8.30am to 1.30pm Wednesday. Appointments are from 8.30am to 11.30am every morning and 4.30pm to 6.00pm daily. Extended surgery hours are offered until 8.15pm Monday and 7.30pm Friday. For out-of-hours (OOH) care patients are instructed to contact the NHS 111 service where they are directed to OOH services.

The practice is providing the following services; anticoagulation clinics, long-term conditions management, insulin initiation, minor surgery, phlebotomy, smoking cessation, cervical smears, travel and childhood immunisations and well women / men clinics. During our inspection we found the practice was also providing antenatal clinics and the removal of intrauterine contraceptive devices however the practice is not registered with the Care Quality Commission to carry out these services. We informed the provider that the carrying out of unregistered activities was a Section 10 offence of the Health and Social Care Act 2008. The provider told us that he would immediately apply to register for relevant regulated activities.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 March 2016. During our visit we:

- Spoke with a range of staff including the principal GP, a nurse, the practice manager, two reception staff and spoke with ten patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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 and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a vaccine fridge failure was actioned appropriately and cold chain procedures reviewed in a practice meeting.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse and GP were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored however there was no system in place to monitor prescriptions given out from the doctors bag. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We were told that the health care assistant did not administer vaccines.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we did find that DBS checks for the locum GP, a nurse and the health care assistant were not specific to the GP practice. We also found photo ID was missing for the locum GP.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

## Are services safe?

assessments and carried out regular 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).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to 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 in the treatment room.
- The practice had oxygen available with adult and children's masks. A first aid kit and accident book were available. However, the practice did not have a defibrillator available on the premises and there was no risk assessment in place to mitigate the risk of not having immediate access to one.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had 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 peoples' needs.

### 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 5% 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). Data from 2014/15 showed;

- Performance for diabetes related indicators was 86% which was similar to the CCG average and 4% below national average. The practice had taken action to improve the management of diabetes including the GP attending additional training in diabetes care including an insulin initiation course.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 87% which was 5% above the CCG average and 3% above national average.
- Performance for mental health related indicators was 88% which was 7% below the CCG average and 5% below national average.
- Performance for asthma related indicators was 100% however, patients with asthma who had come in to the practice for a review, did not in all instances have a peak flow recorded.

The practice had 19 patients on the learning disability register however we found that only 3 had been reviewed in the last 12 months and none of the patients had completed care plans. The principal GP told us these patients would be called in for a review.

The practice carried out regular medicines audits initiated by the CCG to ensure prescribing was in line with best practice guidelines for safe prescribing. Community-Based Minor Surgery audits and Inadequate Smear audits were also regularly carried out to monitor minor surgery and cervical screening in line with national guidance. However, there were no audits carried out for other aspects of clinical care. There were no examples of completed audit cycles initiated by the practice which showed improvements in patient outcomes.

Data showed that the practice was comparable to others for prescribing and emergency admissions to hospital. However, data showed the practice was an outlier for the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD). On further investigation we found the practice had only 14 patients on the COPD register. The GP told us that the practice population group was young which could account for the low prevalence of COPD. However he informed us that the practice was taking action to identify more patients by training the health care assistant to carry out spirometry.

### 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. It 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 had 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.



# Are services effective?

## (for example, treatment is effective)

- 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.
- Staff received training that included: 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 practice's 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 and 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 on a bimonthly basis within the local GP network and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- The GP and practice nurse understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. They understood the basics including the process of making best interest decisions for those patients who lacked capacity. However, we found no staff had received any formal training in this area.

- 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 assessed the patient's capacity and, recorded the outcome of the assessment. The practice nurse did not make mental capacity assessments.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 92% and five year olds from 85% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 80%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 91%).

- 93% said they found the receptionists at the practice helpful (CCG average 82%, national average 87%)

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

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%)
- 73% said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. However we did not see notices in the reception areas informing patients this service was available.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 carers which represented 0.7% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by sending them a letter. The letter offered condolences and provided 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. For example, the practice was providing local CCG out of hospital services including anticoagulation and minor surgery.

- The practice offered extended hours on a Monday and Friday evening for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a long-term condition.
- Home visits were available for older patients and patients who would benefit from these.
- The practice was providing the avoiding unplanned admissions to hospital service for older people and had identified the 2% most at risk of hospital admission. Care plans were in place and complex cases were discussed at bimonthly multi-disciplinary meetings.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday, Tuesday, Thursday and Friday and 8.30am to 1.30pm Wednesday. Appointments were from 8.30am to 11.30am every morning and 4.30pm to 6.00pm daily. Extended surgery hours were offered until 8.15pm Monday and 7.30pm Friday. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 78% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73%).
- 81% patients said they always or almost always see or speak to the GP they prefer (CCG average 50%, national average 59%).

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

### 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.
- We saw that information was available to help patients understand the complaints system. For example, in the patient leaflet at reception and on the patient noticeboard.

We looked at two complaints received in the last 12 months and found they were investigated and dealt with appropriately. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint regarding a minor surgical procedure was discussed in a staff meeting and procedures reviewed.

# 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 which staff were aware of.

- The practice did not have a mission statement displayed in the waiting areas which reflected the values of the practice.
- The practice did not have a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that 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 maintained.
- There was not a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The principal GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. He prioritised safe, high quality and compassionate care. The principal was visible in the practice and staff told us he was approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

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.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of feedback the practice had provided more online evening appointments.
- The practice had gathered feedback from staff through staff meetings, appraisal 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with lack of a defibrillator and the risks posed by not ensuring prescription pads given out from the doctors bag were monitored.</p> <p>This was in breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks posed by not ensuring staff were appropriately recruited.</p> <p>This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>