Dr SZ Haider's Practice

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Valence Medical Centre on 15 September 2016. Overall, the practice is rated as requires improvement.

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. However, there was no policy for staff to reflect on and we found significant events were not being recorded and therefore reviews and investigations were not thorough enough. Patients did not always receive an apology.
- Risks to patients were assessed and managed, with the exception of those relating to staff training, medicines management and emergency equipment.
- Data showed patient outcomes were mixed compared to the national average.
- Clinical audits had been carried and showed continuous improvement.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Patients said they could get appointments when they needed them but the waiting times to be seen were too long and it was difficult to access the practice by telephone.
- The practice had a number of policies and procedures to govern activity, but some were not practice specific and did not reflect current guidance.
- There was a clear leadership structure and staff felt supported by management.

The areas where the provider must make improvements are:

- Ensure effective systems and processes are adopted to report, record and investigate safety incidents thoroughly and ensure that patients affected receive reasonable support and a verbal and written apology.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

Summary of findings

- Ensure policies and guidance is practice specific with up to date information and are reflective of current legislations and national guidance.
- Ensure all staff receive and complete required training to carry out their roles effectively.
- Ensure that medicines and medical equipment are fit for purpose.

In addition the provider should:

- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.
- Ensure practice specific risk assessments are carried out by competent and experienced people and are reviewed regularly to manage risks, including fire safety, legionella and COOSH.
- Review complaints system to include recording and review of all complaints, verbal and written to improve services.
- Ensure systems are adopted to improve patient's clinical outcomes including uptake of national screening programmes to be in line with local and national averages.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Patients did not always receive a verbal and written apology.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice had arrangements to respond to emergencies; however, we found defibrillator pads at Grosvenor Road Surgery had expired and we found expired medicines at both sites. Staff had not received basic life support training in the past 12 months.
- The practice was tidy however; we found a whole in the wall and broken furniture in the nurse's room. Staff had not received infection control training.
- Staff understood their role in safeguarding children however not all staff had received safeguarding adults training and the practice policy did not contain up to date contact details of safeguarding leads. Staff told us they had received in house chaperone training, but not all staff could correctly give examples of what they were doing when acting as a chaperone.

Are services effective?

Requires improvement

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

- The practice did not have an induction programme for new staff and the practice did not provide all staff with necessary training to carry out their roles effectively.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed compared to the CCG and national average. For example, we saw the practice was performing in line with other GP practices for mental health indicators but was performing below CCG and national averages for diabetes clinical domains.
- Clinical staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Clinical audits had been carried out and was driving improvements in patient outcomes.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care from GPs and reception staff and higher for nurses.
- The majority of patients said they were treated with compassion and dignity. However, not all felt cared for and listened to.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Requires improvement

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

- Patients said they could book appointments with a named GP and there was continuity of care, with urgent appointments available the same day. However, they said waiting times were long and it was difficult to access the surgery by telephone. The practice had not put any measures in place to reduce waiting times or improve telephone access.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to formal concerns, however there were no systems in place to record, review and analyse informal complaints or concerns.
- 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. The practice had invested in their own ultrasound scan, which reduced waiting times for referrals to hospitals.
- The practice offered acupuncture treatment to patients as well joint and hip injections.
- There was an in house counselling session once a week that GPs could refer patients to.

Summary of findings

Are services well-led?

Requires improvement

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

- The practice management team had a vision but staff were not aware of this and their responsibilities in relation to it. The practice did not have a documented strategy or business plan to support its vision.
- The practice had a number of policies and procedures to govern activity, but these were not practice specific and although some had been recently reviewed, they still did not contain up to date information.
- There was no induction process for newly appointed staff and staff had not completed all mandatory training to carry out their roles effectively.
- The practice had a PPG.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requires 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 had employed an in-house osteopath to help reduce waiting times for appointments at hospitals.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than CCG and national averages. For example, 54% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 67% for CCG average and 78% for national average.
- 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.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

Summary of findings

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.
- 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 73%, which was below the CCG average of 79% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requires 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.
- Extended hours appointments were offered on Thursday and Friday from 6.30pm to 7.30pm.
- Patients could book telephone consultations if they were not able to attend the practice.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requires 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Although non-clinical staff had not had safeguarding adults training, they were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe, effective, caring, responsive and well led. The issues identified as requires improvement overall affected all patients including this population group.

There were, however, examples of good practice.

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was comparable to the CCG and national averages. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 90% for CCG average and 89% for national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice 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 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 an understanding of how to support patients with mental health needs and dementia, although they had not completed formal training on the Mental Capacity Act.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. Three-hundred and fifty-six survey forms were distributed and 109 were returned. This represented 2% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 43% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 Care Quality Commission comment cards from Valence Medical Centre and 20 from Grosvenor Road Surgery, about the service experienced in the practices. All 20 comments cards from Grosvenor Road Surgery were positive and patients felt cared for and respected. Patients at Valence Medical Centre said they felt the practice offered a good service and staff were helpful, however nine comment cards said patients felt staff were not caring and did not treat them with dignity and respect. All nine comment cards mentioned reception staff in particular were on most occasions' rude making patients feel as an inconvenience.

We spoke with two members of the patient participation group (PPG) and four patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, although some staff could be rude at times at Valence Medical Centre.

Areas for improvement

Action the service MUST take to improve

- Ensure effective systems and processes are adopted to report, record and investigate safety incidents thoroughly and ensure that patients affected receive reasonable support and a verbal and written apology.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure policies and guidance is practice specific with up to date information and are reflective of current legislations and national guidance.
- Ensure all staff receive and complete required training to carry out their roles effectively.
- Ensure that medicines and medical equipment are fit for purpose.

Action the service SHOULD take to improve

- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Put systems in place to improve and monitor patient satisfaction so that it is in line with national survey results.
- Ensure practice specific risk assessments are carried out by competent and experienced people and are reviewed regularly to manage risks, including fire safety and legionella.
- Review complaints system to include recording and review of all complaints, verbal and written to improve services.
- Ensure systems are adopted to improve patient's clinical outcomes including uptake of national screening programmes to be in line with local and national averages.

Dr SZ Haider's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Dr SZ Haider's Practice

Dr SZ Haider's Practice provides primary care services to approximately 5420 registered patients in the surrounding areas of Barking and Dagenham. The practice comprises a main surgery Valence Medical Centre, 561-563 Valence Avenue, Dagenham, RM8 3RH and a branch practice, Grosvenor Road Surgery, 1 Grosvenor Road, Dagenham, RM8 1NR, which is approximately one and a half miles away. The service is provided through a general medical services (GMS) contract. The practice is registered to provide the following regulatory activities: Treatment of disease, disorder or injury; Family planning; Diagnostic and screening procedures and Surgical procedures.

The practice is led by three male GP partners and employs two male locums. There are no female GPs available. In total the GPs typically provide 25 sessions per week. The practice employs three part time nurses, two administrators, six receptionists and one part time manager. The practice has a multilingual staff team and the associate GPs could also speak additional languages.

All management functions are provided from the main surgery however, all clinical and non-clinical staff work across both sites and patients can attend either site as they wish.

The main practice is located in a semi-detached house, which has been converted. The branch surgery is in a smaller house which has also been converted. Both sites have good access for patients with a disability.

The practice had two different telephone lines for the different sites. The telephone lines at Valence Medical Centre are open from 8.00am to 6.30pm from Monday to Friday; with the exception of Wednesday when the practice was closed at 1pm. The branch surgery was open from 9 am to 6.30pm and closed on Thursdays from 1pm. Appointments were from 9am to 11.30am every morning and 4pm to 6.30pm daily. Extended hours appointments were offered on Thursday and Friday from 6.30pm to 7.30pm at the main practice and from 6.30pm to 8pm at the branch surgery. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them on the day. Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet and by answerphone about how to access urgent care when the practice is closed.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice was similar to other practices in the CCG with the exception of having approximately 20% higher population of 65 years and over patients. The life expectancy of male patients was 77 years, which was the same as the CCG and lower than the national average of 79 years. The female life expectancy at the practice was 82 years, which one year more than the CCG average and one year less than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Detailed findings

Why we carried out this inspection

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

The provider has not previously been inspected by the Care Quality Commission.

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 15 September 2016 at Valence Medical Centre and Grosvenor Road Surgery. During our visit we:

- Spoke with a range of staff (practice manager, reception staff, nursing staff and GPs) and spoke with 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The system in place for reporting and recording significant events were not effective.

- Although the practice did not have a policy in place for reporting and investigating significant events or incidences, staff told us they would inform the practice manager of any incidents or record it in the incident book held in the reception, if the practice manager was not there. The practice manager would then record it into an incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw some evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- However, we found understanding of what a significant event was to be inconsistent across the staff in the practice, which led to some significant events not being recorded. When we spoke to staff, they were able to give us examples of other significant events that had taken place in the practice, which had been reported to the practice manager but had not been recorded as a significant event and therefore not investigated.
- We found that there were no systems for tracking and monitoring safety alerts. Although, clinical staff told us they would action alerts that were relevant to their practice, they did not keep records of action taken.

We reviewed safety records, incident reports; patient safety alerts and found that there were no minutes of meetings where these were discussed. We saw as a result, that not all staff were aware of incidences that had taken place due to not attending the meetings. However, we did see some evidence of lessons being learnt and actions being taken as a result of an incident. For example, we saw that a patient had been seen without an appointment booked on the IT system by a clinician and medication was prescribed. However, the prescription was made under the previous patients name seen by the same clinician and taken to the local pharmacy to be dispensed. The error was identified by the pharmacy and the GP was informed. As a result, the practice now only sees patients once they have been booked onto the computers appointment system. The practice had also put up a notice in the waiting area to inform patients to book in with the reception before seeing a clinician.

Overview of safety systems and processes

Although the practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, there were areas which needed improvements, including:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. There were policies for safeguarding adults and children however; these did not reflect current relevant legislation and local requirements. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare, however the telephone numbers listed were no longer in use. The practice did have safeguarding flow charts in every clinical room and the reception area which was up to date and did have relevant contact details and staff told us that they would use this in case of a safeguarding concern. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children, however not all staff had received training in safeguarding vulnerable adults relevant to their role, including a practice nurse. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.
- Notices in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained by the practice manager or a clinical member of staff for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Non-clinical staff who acted as chaperones could not always give examples of what they were doing when chaperoning, for example, some staff told us that while chaperoning they would be standing outside the curtain and therefore may not be able to see the examination.

Requires improvement

Are services safe?

- We observed the premises to be tidy however the fabric of the building was in some need of repair for example we saw a hole in the wall in the nurse's room and cabinets with broken doors at Valence Medical Centre. There was confusion around who the clinical lead was for infection control in the practice. There was no infection control protocol in place and staff had not received up to date training. Annual infection control audits were undertaken by the practice manager and one of the practice nurses; however we saw that not all actions had been completed to address any improvements identified as a result. For example, we saw that the audit identified COSHH data sheets to be produced for cleaning products used in the practice but this had not been implemented. (COSHH is the law that requires employers to control substances that are hazardous to health).
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice, however these needed improving (including obtaining, prescribing, recording, handling, storing, security and disposal). We found nine out of date vaccines in Grosvenor Road Surgery, which expired July 2016 and six packs of vitamin B12 injections at Valence Medical Centre which had expired in August 2016. We saw there was a weekly and monthly date checking log for all medicines, which had been completed by the practice nurses, however these medicines were not identified as out of date during the checks. Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five personnel files of clinical and non-clinical staff 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. We found that no staff files had copies of job descriptions.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available but this was not up to date and did not contain relevant contact information. There was however a poster in the staff kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments, which were carried out by the practice manager. The risk assessment was not fit for purpose, as it did not consider rooms with combustible gasses. We saw regular fire drills and evacuations were carried out and all fire equipment had been checked. 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 carried out a legionella risk assessment at Valence Medical Centre, however there was no evidence to show a risk assessment was carried out at Grosvenor Road Surgery. (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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- Both clinical and non-clinical staff had not received annual basic life support training. There were emergency medicines available in the treatment rooms.
- The practice had a defibrillator available on both premises and oxygen with adult and children's masks.

Requires improvement

Are services safe?

However, we found that the defibrillator at Grosvenor Road Surgery did not have its battery inserted and the pads had expired in April 2008. A first aid kit and accident book were 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 stored securely.
- The practice had generic business continuity plan in place for major incidents such as power failure or building damage. The plan did not include up to date staff list with contact details.

Requires improvement

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice QOF results cover both the Valence Medical Centre and Grosvenor Road Surgery sites. The most recent published results were 90.8% of the total number of points available and exception reporting was 7.5%, which was comparable to CCG and national averages. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than CCG and national averages. For example, 54% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 67% for CCG average and 78% for national average.
- Performance for mental health related indicators was comparable to the CCG and national averages. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 90% for CCG average and 89% for national average.
- Performance for dementia related indicators was comparable to the national average. For example, 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 84% for CCG average and national averages.

The practice told us that one of their GP partners was not available for the majority of the year due to personal reasons and this therefore had affected their QOF results.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, results from a recent audit carried out on type 2 diabetes patients and their risk of chronic kidney disease showed that 14% had or were at risk of renal impairment. The GPs implemented improvements, including following prescribing guidance and making appropriate referrals to secondary care. The second audit showed the practice had significantly reduced the at risk group to 4%, of which half had or were now appropriately referred to a specialist and the other half had changes made to their medication to reduce their risk of renal impairment.
- The practice participated in local audits and national benchmarking.

Effective staffing

The practice could not demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have an induction programme for all newly appointed staff. The practice did have a Practice manual handbook, which the practice manager said was given to all new members off staff when appointed. This document covered such topics as fire safety, health and safety, infection control and confidentiality. However, we found that this document was generic and was not practice specific.
- On the day of inspection, the practice was not able to show evidence that all staff had received basic life support training in the last 12 months. We saw that two GP partners had completed basic life support training

however these were from 2011 and April 2015. Since inspection, the practice has been able to evidence that nine members of staff completed basic life support training on 21 September 2015, including one GP and two nurses. The practice could not evidence that the other two GPs, three locum GPs and one nurse had up to date basic life support training. We saw that only one GP had completed infection control training and there were no records to show that any other staff had received this training. Nurses told us that they were infection control leads and carried out audits but had not received the appropriate training. We saw one member of staff had completed information governance training and found that two members of staff did not have records of receiving safeguarding adults training, including a practice nurse.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice told us that the learning needs of staff were identified through a system of appraisals and meetings. Staff said they had one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff were confident in carrying out assessments of younger patients' capacity to consent in line with relevant guidance, for example should younger patients not wish their parents to be informed or involved.
- The GPs had not undertaken specific training on the Mental Capacity Act. The GPs we spoke with understood the importance of carrying out and recording mental capacity assessments in relation to significant decisions faced by patients when their mental capacity was in any doubt.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 73%, which was below the CCG average of 79% and the national average of 81%. 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. 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.

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 94% and five year olds from 80% to 91%.

Requires improvement

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were 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.

We received 39 Care Quality Commission comment cards from Valence Medical Centre and 20 CQC comment cards from Grosvenor Road Surgery about the service experienced in the practices. Patients said they felt the practices offered a good service and staff were helpful, however nine comment cards from Valence Medical Centre said patients felt staff were not caring and did not treat them with dignity and respect. All nine comment cards stated reception staff in particular were frequently rude and made patients feel as though they were an inconvenience.

We spoke with two members of the patient participation group (PPG) and four patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, although some staff could be rude at times.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was lower than national averages for its satisfaction scores on consultations with GPs and reception staff and higher for nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice told us that as a result of the national survey, they had carried out an in-house survey and a PPG survey and were compiling the results, which would then allow them to discuss improvements.

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 that in most cases they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also aligned with these views however, four comment cards stated that GPs did not explain tests and treatments to patients and did not allow time for patients to ask questions and therefore these patients reported that they did not feel they were involved in decisions. All patients we spoke with said the nurses explained treatment and involved patients in the decisions about their care.

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. However, results showed that GP consultations were lower than local and national averages and nurse consultations were higher than local and national averages. For example:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 93% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to CCG average of 85% and national average of 90%.

Requires improvement

Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

During our inspection, the practice could not demonstrate what actions they were taking to address concerns identified in the national survey.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified four patients as carers (0.07% 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The lead GP had invested in an in-house ultrasound scanner and is trained to use this to screen patients in the surgery to reduce long waiting times for referrals and also to make appropriate referrals to secondary care for further investigation when necessary. The GPs found that there were long waiting times of up to one year for physiotherapy, and therefore have employed a physiotherapist to provide an in house service for patients. The lead GP was also a trained and qualified acupuncturist and was able to offer this treatment to his patients as part of his NHS work. We also saw the lead GP was trained and competent at administering joint and hip injections, which again reduced patients waiting times for hospital appointments. The practice had audited that appointments with the counselling service had waiting times of up to eight weeks and have employed their own counsellor who provides one session per week at the practice to improve patient access.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those and were referred to other clinics for vaccines available privately.
- There were no disabled facilities or hearing loop for patients hard of hearing. The practice did have translation services available.
- The practice offering counselling sessions once a week.
- The GP could administer joint and hip injections in the practice.
- The lead GP offered acupuncture to patients.

Access to the service

The practice had two different telephone lines for the different sites. The telephone lines at Valence Medical Centre are open from 8.00am to 6.30pm from Monday to Friday; with the exception of Wednesday when the practice was closed at 1pm. The branch surgery was open from 9 am to 6.30pm Monday to Friday and closed on Thursdays from 1pm. Appointments were from 9am to 11.30am every morning and 4pm to 6.30pm daily. Extended hours appointments were offered on Thursday and Friday from 6.30pm to 7.30pm at the main practice and from 6.30pm to 8pm at the branch surgery. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them on the day. Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet and by answerphone about how to access urgent care when the practice is closed.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 79%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, however all patient's said waiting times to be seen were long and could often be over one hour. This was reflected in the CQC comments cards and the results from the national GP patient survey which were also low compared to CCG and national averages for accessing and making appointments.

- 27% of patients felt they did not normally have to wait long to be seen compared to the CCG average of 47% and national average of 58%.

The lead GP told us that he was aware of patient concerns about access to appointments and as an action to the results of the GP survey he now ran a walk-in clinic as a on the days he had sessions. For example, we saw that the lead GP would see patients from 8.30am three times a week, to help improve access and allow all patients to be seen on the day. When we spoke to patients, they told us they liked the walk-in clinic and were prepared to wait and

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

to be seen the same day. However, when the lead GP was away the walk-in clinic was not being run, and patient's told us that this caused some confusion. The practice had also introduced telephone consultations.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. The GPs would triage all home visit requests and telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, however the system was not being implemented effectively and improvements could be made.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice. However, the policy had not been reviewed since 2013 and therefore contained a clinical lead person who no longer worked at the practice.
- We saw that there was an information leaflet available to help patients understand the complaints system

We looked at one written complaint received in the last 12 months and found it was satisfactorily handled and dealt with in a timely way. However, the practice did not record informal complaints or concerns and the practice manager told us that these were usually about availability of appointments and to resolve this, they would arrange an appointment for the patient. As there were no written records of verbal complaints or concerns, there was no way for the practice to audit their system or review the service they were providing to patients in order to continually improve services for patients.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The practice had a mission statement but staff were not aware of this and did not understand the practice values.
- The practice did not have a strategy or a business plans to reflect the vision and values.

Governance arrangements

The practice did not have an effective governance framework to support the delivery of the good quality care. Reviews of governance arrangements, strategy and monitoring performance were not in place.

- There was a staffing structure and staff were aware of their own roles however there was no induction programme and therefore staff had not received training in safeguarding adults, infection control, basic life support or information governance. New staff were given a practice hand book, which outlined practice guidance, however the document was not practice specific and did not include practice specific details. For example, in emergencies the guidance refers to informing the dentist and not the GP.
- There were practice policies and although some had been reviewed recently, they did not contain practice specific information or did not reflect current guidance. For example, we found the safeguarding policy had been reviewed by the practice manager in January 2016, however it still made references to the Primary Care Trust, which was replaced with the CCG in April 2013.
- The practice manager told us that the staff had a comprehensive understanding of the performance of the practice and this was maintained through regular practice meetings. However, meeting minutes were not recorded and therefore did not take into account of staff who did not attend these meetings. Staff told us if they had missed meetings, then they would rely on other staff to inform them of the meeting details ad-hoc but this did not usually happen due to the work load.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not effective. There was no policy for reporting significant events or incidences and we found an inconsistency in the understanding of what a significant event was and with reporting and recording of significant events.
- The systems for managing complaints and concerns were not adequate, as verbal complaints were not recorded and therefore the practice were not able to share and learn from these or implement improvements.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

The GP partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. However, staff told us that the practice manager was not always available and therefore had to solve on the day issues amongst themselves.

The GP partners were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when clinical things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by the GP partners.

- Staff told us the practice held team meetings every quarter. However, staff told us they would benefit from more regular meetings to improve staff morale and give staff more guidance on the role and impact they have on the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us they were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify

Are services well-led?

Requires improvement

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

opportunities to improve the service delivered by the practice. However, they felt the meetings were ad-hoc, did not review previous meeting actions and were not constructive.

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 patient participation group (PPG) told us that they did not meet regularly and the practice did not reflect on complaints or concerns in the meeting. The PPG told us that an in house patient survey had been carried out July 2016, however they were waiting to be informed of results in order to submit proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through an annual staff surveys and through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. However, when we spoke to staff they told us they would benefit with a practice manager who worked full time at the practice. However, they did not feel comfortable telling the management team how they felt.

Continuous improvement

The practice management team were in negotiations to employ an in house pharmacist to manage all prescriptions and medicines management. Since inspection, the practice manager has informed us that he will be working at the practice full time to help support improvements and management in the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** 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 review incidences and thoroughly investigate and monitor actions to remedy the situation, prevent any further occurrence and make sure improvements were made as a result. We found patients were at risk of harm because the provider could not demonstrate the proper and safe management of medicines and equipment used for medical emergency were not fit for purpose. Although the provider had carried out a fire risk assessment, the risk assessment failed to assess risks caused by combustible gases and had not been reviewed by a qualified or competent and experienced person. The provider had failed to carry out a legionella risk assessment. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not do all that was reasonably to assess, monitor and improve the quality and safety of the services provided.

This section is primarily information for the provider

Requirement notices

Practice policies to govern the practice systems were not practice specific and did not contain relevant and up to date information.

The provider failed to record and respond to all feedback appropriately. They did not analyse verbal complaints and feedback from national survey results to drive improvements for the quality of services.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider failed to provide appropriate training to enable staff to carry out their duties. Staff did not have information governance, up to date basic life support, infection control training or safeguarding adult training. The practice did not have an induction programme for newly appointed stuff. This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 201