# Shifa Medical 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? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Requires improvement |

# Summary of findings

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## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Shifa Medical Practice on 5 December 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibility for reporting and recording incidents.
- We saw examples of incidents, which were reviewed identifying the lessons learned.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were at or above average comparable to the national average.
- Members of staff were courteous and very helpful to patients and treated them with dignity and respect. We saw staff treated patients with kindness and consideration.
- All relevant new clinical guidelines were forwarded to the practice nurse and the GP made sure new guidelines were put into practice.
- The practice analysed their A&E attendances and hospital admissions to identify where they could be reduced.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with the GP and nurse
- Access to appointments was good. Patients said they were usually offered an appointment within a couple of days and could book on line.

# Summary of findings

- The lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care.

The areas where the provider must make improvements are:

- Ensure all staff carrying out chaperoning duties are trained for the role.
- Ensure all staff have a DBS check or are risk assessed and references are obtained for all new staff.
- Patient Group Directions are implemented for all procedures carried out by the practice nurse.
- Ensure all policies and procedures which govern activity within the practice are up to date.
- Develop a clear governance framework and structure which clarifies the roles and responsibilities of all staff.

In addition the provider should:

- Improve the management of long term conditions including CHD, COPD and diabetes.
- Secure blank prescription forms kept behind the main reception desk.
- Provide all staff with appraisals to provide feedback on progress and development.
- Review the number of carers being supported by the practice because less than 1% of the practice's list had been identified as carers.
- Keep written records of verbal complaints in addition to complaints received in writin

**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.

- Staff understood their responsibility for reporting and recording incidents.
- We saw examples of incidents which were reviewed identifying the lessons learned.
- The practice held multi-disciplinary meetings with colleagues from health and social care to discuss the needs of vulnerable patients for example adults and children who were at risk of abuse or patients approaching the end of life.Arrangements were in place to safeguard children and vulnerable adults from abuse.
- There were notices in the reception area advising patients that they could ask for a chaperone to be present during examinations. Reception staff carried out chaperoning duties when required but had not receive any formal training and had not hada Disclosing and Barring service (DBS) check.
- 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 were not stored securely and their usage was not monitored.
- The practice had not adopted Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation.
- We reviewed four staff files and found appropriate recruitment checks had not been undertaken prior to employment. For example, there were no record of pre-employment checks which had been carried out for the nurse working as a locum.
- There was a health and safety policy available although this had not been updated since 2009.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.

**Requires improvement**

**Are services effective?**

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

**Requires improvement**

# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Members of staff were courteous and helpful to patients and treated them with dignity and respect. We saw staff treated patients with kindness and consideration.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted there was no curtain in the nurse's treatment room where they carried out examinations including cervical smears.
- Consultations and treatment took place in closed rooms, which meant conversations taking place in these rooms could not be overheard.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice provided support for carers.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements to services where these were identified. For example, through improvements to prescribing and reducing unnecessary A&E attendance.
- Patients said they found it easy to make an appointment within a few days and urgent appointments were available the same day. Patients could book appointments online.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand and evidence showed the practice responded to the issues raised.

**Are services well-led?**

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

**Requires improvement**

- The practice focused on providing a good quality of care. The lead GP acknowledged the practice was in a period of transition.
- The practice had been through a period of change with key staff leaving. The lead GP was involved in work being undertaken within the CCG to map out the future organisation of primary care in the area.
- Staff were aware of the lead GPs desire to expand the practice but were not sure about timescales or how these would be taken forward. Staff were also aware of discussions with the CCG and the possibility of the practice relocating into different premises.
- There were governance processes which supported the delivery of the strategy and good quality care. This relied on staff working together as a team and being directed by the lead GP.
- Staff told us the practice held regular team meetings.
- Staff told us they were able to raise issues with the lead GP and at team meetings and felt confident and supported in doing so.
- Staff said they felt supported and worked effectively as a team and we observed staff worked well together.
- The practice had recently established a Patient and Public Involvement Group (PPG).We saw the notes of a meeting held November 2016 where a patient survey results were discussed.
- The practice had a number of policies and procedures to govern activity, but many of these were over seven years old and had not been reviewed since.

The practice was interested in continuous learning and improvement but limited by operational constraints of running a small practice. The practice team was forward thinking and part of national studies for example in diabetes.

# Summary of findings

## The six population groups and what we found

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

### Older people

**Requires improvement**

The practice is rated as requires improvement for safe, effective and well-led services and therefore the overall rating for all population groups is requires improvement.

- The practice offered, good quality care to meet the needs of the older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for patients with enhanced needs.
- Health checks for patients agedover 75 were offered together with flu vaccinations.
- Older patients were prioritised for same day appointments.
- Patients were highlighted for discussion with colleagues from the social care team to ensure their needs were met.
- The practice provided support for carers including access to respite care.
- The practice participated in the 'Everybody Counts' programme which focused on the needs of older people to ensure they were living well, identify any long term condtions and assess people's mobility needs. The practice worked with a community matron who specialised in supporting older people in the community. The community matron liaised with the practice if they required the GPs involvement.

### People with long term conditions

**Requires improvement**

The practice is rated as requires improvement for safe, effective and well-led services and therefore the overall rating for all population groups is requires improvement.

- The practice nurse and GP managed chronic disease registers and called patients in for review. Patients with more than one chronic condition could have all their conditions reviewed at the same appointment.
- There were longer appointments for reviewing patients with long term conditions.
- Performance for diabetes related indicators was below the CCG and national averages.

All these patients had annual reviews to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with community matrons and social care colleagues to provide multidisciplinary care.

# Summary of findings

**Families, children and young people**

Requires improvement

The practice is rated as requires improvement for safe, effective and well-led services and therefore the overall rating for all population groups is requires improvement.

- There were systems in place to identify and follow up children who were at risk. The practice worked closely with health visiting team based in the same building.
- The practice's uptake for the cervical screening programme was 77.6%, which was comparable to the CCG average of 80.1% and the national average of 81.8%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69.5%% to 94.9 and five year olds from 53.4%% to 91.4% However, the second dose measles, mumps and rubella immunisation rate was 53.4% compared with 72.2% in the CCG and 87.7% nationally.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 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 practice is rated as requires improvement for safe, effective and well-led services and therefore the overall rating for all population groups is requires improvement.

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible care.
- The practice provided online services and telephone consultations as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening hours for appointments from Monday to Friday, and patients could book appointments or order repeat prescriptions online.

**People whose circumstances may make them vulnerable**

Requires improvement

The practice is rated as requires improvement for safe, effective and well-led services and therefore the overall rating for all population groups is requires improvement.

- The practice provided longer appointments and annual health checks for patients with a learning disability.

# Summary of findings

- The practice met monthly with other health and social care professionals in the case management of vulnerable patients.
- 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.

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

**Requires improvement**

The practice is rated as requires improvement for safe, effective and well-led services and therefore the overall rating for all population groups is requires improvement.

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 84.5% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive, agree care plan documented in the record, in the preceding 12 months was 64.29% compared with 89% in the CCG and 88% nationally.
- 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 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. This contains data collected from July-September 2015 and January-March 2016. Three hundred and fifty two surveys were distributed. 95 (27%) of forms were returned. The results showed the practice was performing in line with local and national averages.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% 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%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%
- 78% 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 25 comment cards, which were all positive about the standard of care received. Patients commented on reception staff being very helpful, the lead GP being very nice, the ease of getting appointments and the quality of the information provided by staff at the practice.

We spoke with four patients during the inspection. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, one person told us they preferred seeing the nurse rather than the GP.

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## Areas for improvement

### Action the service MUST take to improve

- Ensure all staff carrying out chaperoning duties are trained for the role.
- Ensure all staff have a DBS check or are risk assessed and references are obtained for all new staff.
- Patient Group Directions are implemented for all procedures carried out by the practice nurse.
- Ensure all policies and procedures which govern activity within the practice are up to date.

# Summary of findings

- Develop a clear governance framework and structure which clarifies the roles and responsibilities of all staff.

**Action the service SHOULD take to improve**

- Improve the management of long term conditions including CHD, COPD and diabetes.
- Secure blank prescription forms kept behind the main reception desk.
- Provide all staff with appraisals to provide feedback on progress and development.
- Review the number of carers being supported by the practice because less than 1% of the practice's list had been identified as carers.
- Keep written records of verbal complaints in addition to complaints received in writing.

## Outstanding practice

The practice team was forward thinking and part of national studies in diabetes.

# Shifa Medical Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team consisted of a CQC Inspector and a GP specialist adviser.

## Background to Shifa Medical Practice

Shifa Medical Practice is located on Gascoine Road, Barking, Essex. The practice shares the Orchards Health and Family Centre with another GP practice and community services.

The practice is commissioned by Barking and Dagenham Clinicial Commissioning Group to provide primary care services to approximately 2400 patients.

There is one full time GP and a practice nurse who works two sessions a week. Locum GPs work at the practice for two sessions per week. There is one female practice nurse who provides two sessions per week. There was no practice manager, two senior reception staff shared responsibility for providing administrative support to the practice.

The practice is open from 8.30 in the morning until 6.30 in the evening from Monday to Friday.

Appointments are available from 8.30 until 12.30 and from 3.00 until 6.30.

32.7% of patients on the list were aged 18 or younger compared with the national average of 20.7%. The number of people over the age of 65 was 4.2% compared to the national average of 17.1%. The practice provided services to a large housing estate, located close to the surgery.

There was a high number of single parent families and many families were on low incomes. 12.3% of the population were unemployed compared with 5.4% nationally.

The practice was registered to provide surgical services, maternity and midwifery services, diagnostic and screening procedures, treatment of disease disorder or injury.

## 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.

## 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 5 December2016.

During our visit we:

- Spoke with a range of staff including the practice nurse, receptions staff and the lead GP. We also spoke with patients who used the service.
- We spoke with community staff who worked with the practice.

# Detailed findings

- 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**

There was an effective system in place for reporting and recording significant events.

- Staff understood their responsibility for reporting and recording incidents. Staff told us they would inform the lead GP of any incidents. An incident log was kept by reception staff, which staff used to record incidents. Incidents were discussed at practice staff meetings. Staff told us about two incidents which had been discussed.
- The practice carried out an analysis of significant events and the lessons learned. Near misses, new cancer diagnosis and medicines errors were also reviewed.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. There had been four incidents reported in the last year. We saw examples of incidents, which were reviewed identifying the lessons learned. Incidents included a delay in diagnosing a patient with a serious condition, presentation with common symptoms where there was a more serious underlying cause resulting in referred pain.

**Overview of safety systems and processes**

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

- The practice held multi-disciplinary meetings with colleagues from health and social care to discuss the needs of vulnerable patients for example adults and children who were at risk of abuse or patients approaching the end of life. Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.
- Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the practice lead for safeguarding who had completed level 3 safeguarding training. We spoke with one of the health visitors based in the community team based in the health centre. They told us the practice broughtany concerns about children to the health visiting team. They said communication with the practice was good. They said the GP provided reports when required. The practice's computer system had a flagging system, which highlighted when a child was on the child protection register. All the staff we spoke with were aware of the importance of identifying and acting on any concerns about vulnerable adults and children.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice nurse had completed level two training.
- There were notices in the reception area advising patients that they could ask for a chaperone to be present during examinations. Reception staff carried out chaperoning duties when required but had not receive any formal training and had not had a Disclosing and Barring service check (DBS). The DBS provides checks which identify whether a person has a criminal record.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the infection control clinical lead 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. However, the sharps bin in the treatment room was not signed and dated in accordance with good practice.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms were kept in a filing cabinet behind the main reception desk. The filing cabinet was not locked during the day and other items of stationary were stored in the cabinet. There was no process for recording when prescription were used. The filing cabinet was located in an area which could not be accessed by patients.
- The practice had not adopted Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation. This meant the practice was not complaint with legal requirements for the safe management of medicines. The lead GP told us they would update their procedures to ensure the practice nurse had the required authority.
- We reviewed four staff files and found appropriate recruitment checks had not been undertaken prior to employment. The files we reviewed were for staff who had joined the practice in the last 12 months For example, there were no records of pre-employment checks which had been carried out for the nurse working as a locum. The nurse also worked in a local hospital and the lead GP told us they believed the appropriate checks would have been carried out by the hospital trust but had not had this confirmed. Staff had received contracts but there were no records of checks carried out by the DBS service. The practice had not obtained references for staff working at the practice. When we spoke to the lead GP about this they told us the staff who had joined the practice were recommended by other practices in the area.

**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 although this had not been updated since 2009. The practice had up to date fire risk assessments and carried out regular fire drills. 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).
- The service was provide by a single GP with additional sessions provide by locums supplied by an agency. A long term female locum GP had left but not been replaced. The lead GP told us they had not taken any holiday for over a year. The practice nurse was a locum who worked two sessions a week. The practice manager had left and the responsibilities were shared by the GP supported by a team of reception staff.

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

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

- There were no formal arrangements in place if there was a major disruption to the service. However, the surgery was located in a health centre where another practice and community services were based. The lead GP told us they would be able to use other rooms in the centre if they needed to. All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and clinical staff knew of their location. All the medicines we checked were in date and stored securely.

The practice rented premises owned by the local community trust who had business continuity plans for service provided in the centre. Reception staff kept emergency contact numbers for emergencies which occurred during working hours and out of hours and week-ends.

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 lead GP told us they forwarded all relevant new clinical guidelines to the practice nurse and made sure new guidelines were put into practice and the practice nurse confirmed this.Staff could access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice participated in a national audit Diabetes Alliance for Research In England (DARE). The practice contributed data to the audit and used information from the study to inform clinical practice.
- The practice discussed the implementation of guidelines at monthly staff meetings and with clinical colleagues from other practices at the clinical commissioning groups protected time events for discussing service improvement. For example we saw palliative care guidance had been discussed at one meeting.
- We also saw the practice had attended a protected learning event in November 2016 when the revised national diabetes guidelines were discussed. The half day study event covered the revised guidelines, optimising foot care and renal function monitoring for patient with diabetes.

**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 for the year 2014-2015 showed the practice had achieved 82%of the total number of points available. The exception rate for patients with diabetes whose Hb1c was 64 mmol or less in the preceding 12 months was slightly higher than the national average.
- 13% of patient on the practices diabetes register were excluded from the practice compared to 12% nationally. However, the exception rate for other practices in the CCG was higher at 15%.Exception rates for other diabetes monitoring was better than the national and CCG rates. Performance for diabetes related indicators was worse than the national average. The most recent published results for the year 2014-2015 showed:
- 55% of patients with diabetes, on the register, whose last measured total cholesterol) was 5 mmol/l or less compared with 77% for the CCG and 81% nationally.
- 47% of patients with diabetes with the last IFCC-HbA1c is 64 mmol/mol or less in the last 12 months compared with 72% in the CCG and 78% nationally.
- When we spoke to the lead GP they told us 70 out of a total of 119 patients had not responded to invites for a diabetic review.
- Anti-biotic prescribing was higher for the practice when compared to other practices in the CCG and the national average. This was reviewed by the practice and a clear plan was being followed to reduce the volume of anti-biotic prescribing.
- 64% percentage of patients with a mental health condition such as schizophrenia, bipolar affective disorder and other psychoseshad a comprehensive, agreed

  care plan documented in their record for the preceding 12 months (01/04/2014 to 31/03/2015) compared with 89% in the CCG and 88.7% nationally
- The practice analysed their A&E attendances and hospital admissions to identify if hospital attendances could be reduced.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example the practice had reduced the use of antibiotics.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Requires improvement

# Are services effective?

## (for example, treatment is effective)

- Findings were used by the practice to improve services. For example, an action plan had been developed d for reducing use of antibiotics

**Effective staffing**

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

- The practice had a induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those assessing and treating patients with diabetes.
- 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 learning needs of staff were identified through meetings and appraisals although only some staff had received an appraisal. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

**Coordinating patient care and information sharing**

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.
- This included care plans, medical records and investigation and test results. Results were received electronically or scanned on to the system. We saw examples of communications received from the GP out of hours service and the hospital accident and emergency service. Staff told us these were followed up by the practice and an appointment was organised to see the GP if required.
- 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 or after they were discharged from hospital. Monthly multidisciplinary meetings were held in the practice when care plans for patients with complex needs were reviewed by health and social care professionals.

**Consent to care and treatment**

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

**Supporting patients to live healthier lives**

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

- Patients receiving approaching the 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 referred patients to the local smoking cessation service when they were seeking support to give up.
- A patient told us the GP had persuaded them to give up smoking. They said they had been reluctant at first but the GP persuaded them over time. They said they were glad they had given up as it helped their overall health and reduced the impact of a long-term condition.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG

Requires improvement

# Are services effective?

## (for example, treatment is effective)

average of 80.1% 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.

- 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 or who had not attended their colposcopy appointment
- 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.
- The practice nurse also provided baby clinics, women's health clinics, COPD, diabetes and asthma reviews. They tried to review patients with more than one long term condition at one review meeting. The practice nurse identified which patients required review and reception staff invited patients to attend.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70%% to 95% and five year olds from 53%% to 91%. However, the second measles mumps and rubella (MMR) vaccination rate was 53% compared with 72% in the CCG and 88% nationally.
- The practice participated in the 'Everybody Counts' programme which focused on the needs of older people to ensure they were living well, identify any long term conditions and assess people's mobility needs.The practice worked with a community matron who specialised in supporting older people in the community. The community matron liaised with the practice if they required GPs involvement.
- 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.

Good

# 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 patient's'' privacy and dignity during examinations, investigations and treatments. We noted there was no curtain in the nurses treatment room where they carried out examinations including cervical smears.
- Consultations and treatment took place in closed rooms which meant 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. One patient told us the surgery was never overcrowded and they always felt they had enough time with the GP to discuss their concerns.
- All of the 25 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 and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.
- We saw the results of a patient survey which had recently been carried out. The feedback was positive about .They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.
- A patient told us the GP was approachable, "a gentleman". However, another patient we spoke with told us they had made an appointment to see the nurse because they found the GP dismissive and said they did not feel listened to.

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

- 80% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 89%% 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%.
- 89% of patients said they had confidence and trust in the last GP they spoke to was good at treating them with care and concern compared to the national average of 95%.
- 79% of patients said they had confidence and trust in the last nurse they spoke to was good at treating them with care and concern compared to the national average of 97%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 81% 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%.
- 12% of patients said the last nurse they saw or spoke to was poor at giving them enough time compared with 4% in the CCG and 2% nationally.

**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.
- We spoke with one patient who was attending with their partner. They told us their partner usually attended the consultation with them and they felt supported because they were able to involve them in their treatment and care.
- They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Results from the national GP patient survey 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:

Good

# Are services caring?

- 75% 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%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 70 % of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 12% of patients stated that last nurse they saw or spoke to was poor at giving them enough time compared with an average of 4% of patients in the CCG and 2% nationally.

  92% of patient indicated they found reception staff helpful compared with 84% in the rest of the CCG and 87% nationally.

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 and in French and Arabic. The practice nurse spoke French.

**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. Information about support groups was also available on the practice website.
- The practice's computer system held information about patients who were also caring for a relative and discussed the support they needed including the opportunity to access respite care. The practice had identified 11 patients as carers (less than 1% of the practice list). Written information was available to direct carers about support available to them including access to respite care.
- Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

The practice had developed a registration pack for patients which provided information about the practice and the service offered.

Good

# 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. This included working with the Pharmaceutical advisor from the CCG to improve prescribing, benchmarking referrals to hospital against other practices in the CCG, taking part in protected time learning with other GP practices in the CCG.
- The practice offered appointments each day until 6.30 in the evening to enable families to access appointments after school and for patients who worked.
- There were longer appointments available for patients with a learning disability.
- Home visits could be organised for older patients and patients who had clinical needs which resulted in difficulty attending the practice however the age structure of the population mean this was infrequent.
- 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 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 between 2pm and 6.30pm and Monday to Friday. The practice closed for half an hour at lunchtime although patients could still contact the practice during this time.
- < >re-bookable appointments could be booked up to six weeks in advance and urgent appointments were available on the same day for people that needed them. We spoke with four patients in the waiting area. The longest waiting time was 12 minutes to be seen, another waited seven minutes and one waited two minutes. One patient told us they were usually seen on time and the GP would see them if they were late for their appointment.
- Another patient told us access to appointments was good they said they were usually offered an appointment within a couple of days and could book on line. They said they used the on line system for ordering repeat prescriptions which they said was very good.They said they had no problems getting through to the practice on the phone and reception staff were always helpful.
- The nurse worked two, three hour sessions per week. Appointments with the nurse were available from 8.39am until 12.30pm. The second session ran from 2.00pm until 6.30pm with bookable appointments commencing at 5.00pm.
- The practice was trying to increase the proportion of patients who used the online service from 4% to 10%.
- Patients requiring a repeat prescription completed a request form, which they posted into a box in the main reception area. There was a notice informing patients that the practice aimed to have prescriptions available within 48 hours. The practice had audited repeat prescription and found 90% were provided within 48 hours.
- The practice provided telephone consultations and provided advice over the phone.
- Patients could register on line, book and cancel appointments and order repeat prescriptions.
- Patients were able to access their medical records on line.
- Results from the national GP patient survey showed that patient’s satisfaction with how they could access care and treatment was comparable to local and national averages.
- 73% of patients were satisfied with the practice’s opening hours compared to the national average of 78%.
- 93 of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- The practice used the national ‘Choose and Book’ system for making electronic referrals to hospital. The GP discussed the nature of the referral and a member of the reception team discussed the options with the patient and submitted the referral.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- People told us on the day of the inspection that they were able to get appointments when they needed them.
- The practice had a system in place to assess, the urgency of the need for medical attention. Reception staff asked the GP lead for advice and would fit a patient in if required. The practice held some slots for urgent appointments during the day.

**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.
- The lead GP was responsible for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets were availed in the reception area.

We looked at one complaint received in the last 12 months and found this had been handled satisfactorily. The patient was offered an apology, the response was sympathetic and the lessons learned identified. For example there had been confusion about referring patients for travel vaccines. Although there was practice policy in place not all patients realised that the vaccines may not be immediately available or they might require referral to a specialist travel clinic. The practice had identified the need to explain the policy clearly to patients to avoid any potential misunderstandings.

# 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 was focused on providing a good quality of care. The lead GP acknowledged the practice was in a period of transition.
- The practice had been through a period of change with key staff leaving. The lead GP was involved in work being undertaken by the CCG to map out the future organisation of primary care in the area. We saw the practice had contributed to a CCG meeting in September 2016 where changes to the local organisation of primary care was discussed.
- The practice had been concentrating on developing the capability of new staff to support the operational effectiveness of the practice. The lead GP described how they wished to expand and developed the practice. Staff were aware of the lead GPs plans but were unsure about timescales or how this would be taken forward. Staff were also aware of discussions with the CCG and the possibility of the practice relocating into different premises.

**Governance arrangements**

- The practice had governance processes which supported the delivery of the strategy and good quality care. This relied on staff working together as a team and being directed by the lead GP.
- Some reception staff had been in post for a short time and were supporting each other to ensure the effective administration of the practice. The lead GP had taken on the practice manager responsibilities supported by receptions staff who were learning how to support processes within the practice.
- Practice specific policies were implemented and were available to all staff but these were not all up to date.
- The performance of the practice was maintained.
- The practice completed clinical and internal audits occasionally and these were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There were policies in place for the security of patient information which included staff confidentiality agreements. These were up to date for all staff working at the practice.

**Leadership and culture**

- On the day of inspection the lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care. They told us they prioritised safe, high quality care.
- Staff told us the partners were approachable and always took the time to listen to all members of staff.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents.
- The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:
- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice did not kept written records of verbal complaints as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by the lead GP. We saw the agenda and notes of staff meetings which showed they met monthly. Staff told us the practice held regular team meetings. Staff told us they were able to raise things with the lead GP and at team meetings and felt confident and supported in doing so.
- Staff said they felt supported and worked effectively as a team and we observed staff worked well together. Staff were involved in discussions about how to run and develop 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 sought patients' feedback.

- The practice had gathered feedback from patients through surveys and complaints received. The practice

# Are services well-led?

Requires improvement

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

had recently established a Patient and Public Involvement Group (PPG). We saw the notes of a meeting held during November 2016 where the patient survey results were discussed. Parking at the surgery, the helpfulness of the receptiion staff and appointment waiting times were all discussed. The practice had created a separate patient waiting area in reception following feedback from patients. Previously, patients from both practices in the building shared a waiting area which occasionally caused confusion when patients did not hear their appointment being called.

- Staff contributed to the running of the practice primarily 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.

**Continuous improvement**

The practice was interested in continuous learning and improvement but limited by operational constraints of running a small practice. The practice team was forward thinking and part of national studies for example in diabetes.