

# Drs Abbas and Takla

## Quality Report

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Date of inspection visit: 27 January 2016  
Date of publication: 04/05/2016

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 Dr Abbas & Takla's practice on 27 January 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 significant events and near misses. However, reviews and investigations were often informal and evidence of sharing learning or change of practice was not clear.
- Some risks to patients were assessed and managed, with the exception of those relating to recruitment checks, the cold chain and monitoring of patients taking specific medicines who required close monitoring.
- Urgent appointments were available on the day they were requested.

- The practice had a number of policies and procedures to govern activity, but as these had recently been implemented it was unclear if all staff had been made aware of them.
- The practice had sought feedback from patients and had a patient participation group which they had engaged with but they had become inactive over the last nine months.

The areas where the provider must make improvements are:

- Ensure that patients who require specific monitoring in relation to their medicines are appropriately and safely managed.
- Develop and implement a system that alerts staff to all vulnerable children and adults on the patients care records.
- Develop and implement a system to confirm that actions have been taken following dissemination of safety alerts.

# Summary of findings

- Ensure recruitment procedures are followed and accurately recorded to include all necessary employment checks for all staff together with a record of this, including medical indemnity arrangements for locum staff and valid Nursing and Midwifery Council (NMC) registration for Practice Nurses.
- Ensure a formal assessment of infection control takes place to assure the practice that infection control procedures are adequate.
- Ensure steps are taken to address the lower than average response to the national patient survey.

In addition, the areas where the provider should make improvements are to:

- Ensure safeguarding, information governance and health and safety training is completed for all staff.

- Ensure more comprehensive information about the practice and procedures is available for locum staff.
- Continue to encourage the PPG to establish regular meetings and formal system of feedback.
- Continue with work on complaints to ensure that learning is shared with all staff.
- Ensure that all staff are aware of the cold chain policy.
- Consider review of the contents of medicines carried in the GP's bag.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Whilst events were investigated and lessons were learnt and the outcomes were shared informally, it was not clear that lessons were always learnt and shared with all staff. However, staff were able to demonstrate some learning from events.
- The practice told us they had a system in place for identifying notifiable safety incidents and ensured this information was shared with staff, although there was no system in place to show what actions had been taken to address them and we did not see evidence of this.
- Some risks to patients who used services were assessed and systems and processes to address these risks were implemented to ensure patients were kept safe, but not all. There was no system in place to alert staff to vulnerable adults and children. The systems in place to ensure close monitoring of patients taking some high risk medicines were not always robust. There was also no evidence that the practice had assurance that infection control procedures were effective.
- The practice had a recruitment policy but staff records did not always show that this had been followed. There was no reference to medical indemnity checks for locum GPs, or evidence that the practice had rechecked the NMC registration for one of the nurses who had previously worked at the practice.
- Whilst staff had completed various aspects of training, some key staff did not have up to date training in safeguarding although they were able to demonstrate the actions they would take regarding safeguarding concerns.

### Are services effective?

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

**Requires improvement**



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with the locality and national average.

# Summary of findings

- The practice did not have robust systems in place to ensure they assessed the needs and delivered care in line with current evidence based guidance. For example, regarding review of patients taking some medicines which required close monitoring.
- The practice used a CCG wide Pathfinder system which incorporated NICE guidance and they were able to demonstrate that practise was in line with NICE guidance, although there was no systematic process for receiving NICE updates.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, although the information for locum staff regarding how the practice operated was not comprehensive.
- There was evidence of appraisals for staff we spoke with.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

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

- Data from the National GP Patient Survey showed patients rated the practice slightly lower than others for several aspects of care, although feedback from patients during inspection and comment cards were consistently positive. We noted there was no evidence to suggest the practice had addressed the lower than average national patient survey results.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

**Requires improvement**



# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day as well as appointments available during lunch times in response to patient feedback.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff, although this was on an informal basis and there was little formal evidence to demonstrate learning had taken place as a result of complaints.

## Are services well-led?

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

- The practice had experienced significant management changes in the last 12 months but had agreed a vision and strategy and identified areas of focus for the immediate future. This encompassed the aspiration to deliver high quality care and promote good outcomes for patients, although these were not documented. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but there was no clear evidence that all staff had acknowledged these.
- There was an overarching governance framework however it did not always support the delivery of the strategy and care. This included arrangements to monitor and improve quality and identify some risk, however, some systems were not in place to address certain risks regarding high risk medicines and evidence of sharing and learning from significant events was not clear.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) member we spoke with was positive about the GPs involvement with the

**Requires improvement**



# Summary of findings

group in the past, but told us the PPG was currently inactive, however, one member continued to attend the practice weekly to seek feedback. They told us they were taking measures to gain new members and reconvene the group.

- Staff received inductions and had regular appraisals.
- The practice demonstrated a commitment to learning and improvement at all levels and staff told us the GPs encouraged training and supported learning and gave examples of training they had received.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people because the provider was rated as requires improvement for safety, effective, caring, responsive and well led, and the issues identified affected all patients including this population group.

- 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.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions because the provider was rated as requires improvement for safety, caring, effective, responsive and well led, and the issues identified 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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people because the provider was rated as requires improvement for safety, caring, effective, responsive and well led, and the issues identified affected all patients including this population group.

- 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.

**Requires improvement**





# Summary of findings

- Cervical screening uptake rates were comparable to the local and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were positive examples of joint working with midwives and health visitors.

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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students) because the provider was rated as requires improvement for safety, caring, effective, responsive and well led, and the issues identified affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice also offered lunch time appointments.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable because the provider was rated as requires improvement for safety, caring, effective, responsive and well led, and the issues identified affected all patients including this population group.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, they had not implemented a system for identifying adults and children at risk of harm.

Requires improvement



# Summary of findings

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

- The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) because the provider was rated as requires improvement for safety, caring, effective, responsive and well led, and the issues identified affected all patients including this population group.
- Patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia and the practice was seeking to employ their own mental health worker.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was slightly below the CCG and national averages with the exception of some areas relating to waiting times and access to their preferred GP where they were slightly above. There were 412 survey forms distributed of which 121 were returned. This was a response rate of 29% and represented approximately 1.8% of the practice's patient list.

- 63% found it easy to get through to this surgery by phone compared to the national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared to the national average 85%.
- 68% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.

- 68% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the national average 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all positive about the standard of care received. Patients commented positively about the accessibility of appointments and the helpful reception staff and several commented on specific staff members being kind and compassionate.

We spoke with six patients during our inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Several patients commented they had transferred from other surgeries and had experienced an improved service.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that patients who require specific monitoring in relation to their medicines are appropriately and safely managed.
- Develop and implement a system that alerts staff to all vulnerable children and adults on the patients care records.
- Develop and implement a system to confirm that actions have been taken following dissemination of safety alerts.
- Ensure recruitment procedures are followed and accurately recorded to include all necessary employment checks for all staff together with a record of this, including medical indemnity arrangements for locum staff and valid Nursing and Midwifery Council (NMC) registration for Practice Nurses.
- Ensure a formal assessment of infection control takes place to assure the practice that infection control procedures are adequate.

- Ensure steps are taken to address the lower than average response to the national patient survey.

### Action the service **SHOULD** take to improve

- Ensure safeguarding, information governance and health and safety training is completed for all staff.
- Ensure more comprehensive information about the practice and procedures is available for locum staff.
- Continue to encourage the PPG to establish regular meetings and formal system of feedback.
- Continue with work on complaints to ensure that learning is shared with all staff.
- Ensure that all staff are aware of the cold chain policy.
- Consider review of the contents of medicines carried in the GP's bag.

# Drs Abbas and Takla

## 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 advisor and a practice manager specialist advisor.

## Background to Drs Abbas and Takla

Dr Abbas & Takla provide primary care medical services to approximately 6,343 patients who live in Weston Favell and the surrounding areas of East Northampton. The practice provide services under a General Medical Services (GMS) contract agreed nationally. The practice population is predominantly white British, with a small proportion of patients from black and Asian ethnic groups. Data suggests the area is one of moderate levels of deprivation.

The practice has two male GP partners and employs a nurse practitioner and a practice nurse, the management of the practice is shared by a business manager and an administration practice manager. They are supported by a team of administrative and reception staff. The practice operates from two storey premises which is shared with three other practices and accommodates several community facilities such as phlebotomy and x-ray, dental, health visitors and midwives. The GPs and nurses consulting rooms are all situated on the ground floor.

The practice is open daily Monday to Friday from 7.30am until 6.30pm and appointments are available between these times. When the practice is closed services are provided via the 111 service.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before our inspection, 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 27 January 2016.

During our inspection we:

- Spoke with a range of staff including GPs, business manager, administration manager, nurse and administration and reception staff. We also spoke with a member of the patient participation group and patients attending the practice that day.
- Observed how staff assisted patients who attended the practice as well as family members.
- Reviewed templates regarding long term conditions and safeguarding and care plans.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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

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

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

- Older people

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available for all staff to complete. The practice manager was responsible for ensuring that a thorough analysis of the significant events took place and the staff confirmed this. We saw a summary of significant events and the actions that had been taken, but whilst we saw that review of significant events took place, we noted that these had been discussed informally. However, staff were able to describe some of the events and actions that had taken place, but there was no documented evidence of sharing and learning from events.

We reviewed safety records, incident reports national patient safety alerts. We saw a folder containing alerts received and the practice told us these were disseminated to the GPs and nurses who actioned them as appropriate. However, there was no system in place to confirm what action had been taken. GPs told us that most issues were discussed daily on an informal basis. Therefore, whilst the practice told us they shared information and there was some evidence of discussion there was not sufficient evidence to demonstrate that a robust process was in place to ensure learning from incidents and alerts.

The practice demonstrated an open and honest approach and staff and patients confirmed that if there were any unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for

safeguarding and all staff we spoke with were aware of this. 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 relevant to their role. The lead GP was trained to Safeguarding level 3, and one GP had arranged update training to take place shortly after our inspection. Some staff had not received safeguarding training, however, they were able to describe signs of potential abuse and describe the actions they would take, which were appropriate. The GPs were able to give examples of child protection issues which had been dealt with appropriately and had involved the multi-disciplinary team and this was recorded in the patient records. The practice had held safeguarding meetings but they were often ad hoc. There was no system in place for highlighting vulnerable adults and children and no minutes were recorded following multi-disciplinary meetings, although the GPs and staff were aware of the patients on the list and discussed them with the multi-disciplinary team.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There was an infection control protocol in place and staff had undertaken infection control training. There was no recent infection control audit and whilst there had been a risk assessment carried out in 2015 there was no evidence that the practice had assured themselves that adequate infection control procedures were in place and effective. The practice nurse was aware of the infection control clinical lead who was one of the GPs.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, recording, handling, storing and security) with the exception of prescribing and monitoring some patients taking certain

## Are services safe?

high risk medicines. Fridge temperatures had been recorded appropriately and were within the normal range. The practice nurse described the appropriate actions they would take if there was a breach in the cold chain although was not aware of there was a written protocol for this. 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.

Prescriptions were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We saw that the practice had a recruitment policy in place. We reviewed four personnel files and found that the policy had been followed although there were some omissions in the recording of information in the recruitment process. For example, there was no record of the Nursing and Midwifery Council (NMC) registration for one nurse or evidence registration had been renewed, however, we checked and found that this had been undertaken and registration was up to date. There was also no process for checking medical indemnity for locum GPs. We noted that the practice had commissioned the services of a specialist company to assist the practice manager in implementing improved systems regarding recruitment and human resources and health and safety procedures.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There was a health and safety policy available and the practice manager was the health and safety representative. Most staff had undertaken health and safety training but some still required training. The practice had up to date fire risk assessments and carried

out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as an asbestos management survey and infection control risk assessment and legionella testing was carried out by the landlord of the premises which we saw evidence for.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and staff covered for each other when annual leave was taken.
- There was no robust system for making test results available to prescribers to ensure the safe prescribing of all high risk medicines. For example, there was no record of a blood test being taken in the last month for more than half the patients on two specific medicines which required close monitoring. Although these tests may have been carried out at the hospital the provider did not check this before repeat prescribing. We noted that patients on some other high risk medicines had received appropriate blood tests and results. Following our inspection the practice manager told us they had been looking at these patients to develop an improved system of recording information regarding blood test results from secondary care.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and were able to describe their actions in the event of patient collapse anywhere in the practice.
- The practice had a defibrillator which was shared with the other three practices who provided services from the building. The checking of this was carried out by the practice and we saw that this had been documented. They also had oxygen with adult and children's masks and a first aid kit and accident book were available.

## Are services safe?

- Emergency medicines and equipment were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The GPs had a number of medicines in their bags but had not reviewed the need for these for some time and did not have a clear rationale for carrying some medicines.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice told us they 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. Staff told us they could access guidelines from NICE and we saw examples of where NICE guidance had been used. However, there was no evidence of a systematic process for GPs receiving updates from NICE.

They provided health care reviews and management of long term conditions appropriately with good outcomes demonstrated in their Quality and Outcomes Framework (QOF) results. (QOF is a system intended to improve the quality of general practice and reward good practice). We noted the practice used Pathfinder which is a locally agreed pathway of treatment for conditions which includes and adheres to NICE guidance.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results were 96% of the total number of points available, with 8% exception reporting which was below the CCG and national average of 11% and 9% respectively. (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 2014/15 showed;

- Performance for diabetes related indicators was 85% which was comparable to other practices in the CCG and the national average of 92% and 89% respectively with exception reporting below the CCG and national average in all indicators.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average. The practice achieved 81% in the combined overall disease area and the national average was 85% with exception reporting approximately 2% above the CCG and national average.

- Performance for mental health related indicators was 100% which was better than the CCG and national averages of 96% and 93% respectively with exception reporting below the CCG and national average in all indicators.

Clinical audits demonstrated quality improvement. The GPs had completed three clinical audits in the last two years, two of these were completed audits, one of which demonstrated changes and improvements in practice regarding the care of patients with diabetes which was not well controlled. The other of which resulted in changes to patient education regarding their condition. The practice engaged with the local CCG and participated in local audits, national benchmarking, accreditation, peer review. The practice told us they were working with colleagues to determine the reason for lower rates of dementia in the practice with the aim of increasing dementia diagnosis and ensuring appropriate care and monitoring was offered.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Whilst the practice had a folder which contained information for locum staff, this was not sufficiently comprehensive regarding information about how the practice worked. The practice told us they had now identified a recruitment company who were assisting them with their recruitment and human resource processes.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and self-directed learning.
- Staff told us that their learning needs were identified and addressed during appraisal and also at any time during the year when they identified an area of

# Are services effective?

## (for example, treatment is effective)

development or training need. Staff told us the practice encouraged and supported training. They had access to online training for a variety of areas and also accessed protected learning sessions monthly. All staff we spoke with told us they had received an appraisal within the last 12 months.

- Most staff had received training that included: safeguarding, fire procedures and basic life support. We noted that only the practice manager had undertaken information governance awareness training. Staff had access to and made use of e-learning training modules and in-house training. There were some staff who had not undertaken recent safeguarding training but could demonstrate how to recognise patients at risk of harm and were aware of the procedures in the practice.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available and the practice nurses accessed these via their computer system to ensure these were up to date.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, we noted that one of the GPs visited a patient following information received from the out of hours service. Nurses employed by the proactive care team were based in the same building and this made liaison with the team easier regarding elderly and frail patients who needed extra support and care. We saw evidence that multi-disciplinary team meetings took place and noted there had been seven meetings in the last year as well as ad hoc meetings.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). The GPs told us they had undertaken MCA training and staff demonstrated an awareness of the MCA.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice obtained written consent for procedures such as minor surgery and intra-uterine device fittings which were scanned and included in the patients' records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on smoking cessation. Patients were then signposted to the relevant service. We noted a variety of health promotion and health information regarding screening, for example, dementia support, Parkinson's Disease support, carers information and a male cancer helpline.

The practice's uptake for the cervical screening programme was 77%, which was slightly below the CCG average 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 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 and we saw posters and leaflet advertising this in the waiting area.

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 95% to 100% and five year olds from 90% to 97%.

## Are services effective?

(for example, treatment is effective)

The practice offered flu vaccination to those patients who were eligible and those patients who were in high risk groups, for example, those with long term conditions. Patients had access to appropriate health assessments and

checks. These included health checks for new patients and NHS health checks for people aged 40–74 and appropriate follow-ups were offered when an abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us that when patients wanted to discuss sensitive issues or appeared distressed they would offer them a consulting room which was not in use to discuss their needs.

All of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Patients commented on specific staff members and referred to their kindness and willingness to listen.

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

Results from the national GP patient survey also showed a high proportion of patients felt they were treated with compassion, dignity and respect although generally the practice satisfaction scores were below that of the CCG and national averages. For example:

- 73% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 69% said the GP gave them enough time compared to the CCG average 85% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average 95% and national average of 95%.

- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 84% and national average of 85%.
- 71% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 90% and national average of 91%.
- 79% said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

We also noted that there were comments on NHS Choices from patients expressing dissatisfaction in areas such as staff attitude and rudeness.

The practice told us there had been significant changes in the practice over the last 15 months which may have had an impact on patient satisfaction. The practice staff had provided access to training in customer service and managing conflict to improve satisfaction regarding reception staff being helpful.

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

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

Results from the national GP patient survey were below the local and national averages when responding to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.
- 70% said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 84% and national average of 85%.

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.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information about living with conditions such as dementia and Parkinson's disease and contact details for support.

The practice's computer system alerted GPs if a patient was also a carer which showed 0.44% of patients were carers.

The practice had identified where patients were carers and offered flu vaccinations where appropriate. In the waiting area we saw 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 as a routine to assess if additional support was required. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice held several drop in clinics during the flu season and also actively sought out patients eligible for the shingles vaccine.
- The practice offered early morning appointments between 7.30am and 8am every day from Monday to Friday. They also offered appointment during lunch times as patients had provided feedback that they would find this beneficial.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had facilities to accommodate patients who used mobility aids and the entrance had electric automatic doors and a lift was available to take patients to other services on the first floor.
- The waiting areas were spacious and the practice had placed a sign asking patients to stand back from the reception desk whilst other patients were checking in.

### Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday. Appointments were available in between these times including lunchtimes on specific days. Extended surgery hours were offered from 7.30am five days per week. 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 and could book on the day appointments which were available from 8am.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 74%.
- 65% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average 73%.
- 75% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 55% and national average of 60%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had introduced lunchtime appointments in response to patient feedback.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example there were leaflets available at reception accessible for patients.

There had been 11 recorded complaints received in the last 12 months which we saw had been investigated and the practice had followed their policy and handled these in a timely manner. However, whilst the practice had summarised the complaints which showed an emerging theme, there was no evidence of reflection or plan to demonstrate what changes would be implemented and how. There was no evidence to demonstrate how the outcome of complaints had been shared with staff to share learning from these and ensure improvement as the practice reported these were discussed informally. Staff we spoke with confirmed they were made aware of outcomes from complaints but there was no evidence that changes had been made and that staff had learned from them to prevent future complaints of a similar nature. The practice acknowledged this was an issue and were working to address it.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had undergone significant changes in the management team and staff over the last year and a clear vision was not formally demonstrated. However, discussions with the GPs showed they had plans to develop their service to deliver and improve quality care and promote good outcomes for patients, specifically focussing on areas which they considered required development. For example, improved access, systematic review of chronic disease and childhood immunisation uptake and to increase and develop the workforce.

The practice mission statement included items such as to provide the best possible quality service for patients within a confidential and safe environment by working together, with other members of the multi-disciplinary team and treating patients with respect and dignity.

There were no business plans in place, although discussions with staff demonstrated a commitment to delivering good care to patients and they told us that was their view of the vision for the practice.

### Governance arrangements

The practice had two GP partners who shared the governance arrangements which supported the delivery of care. For example, one of the GPs was the lead for safeguarding and infection control. They told us they met daily and had established and decided together the areas which required development and improvement. This included changes in diabetes care and improving skill mix for care of patients suffering with mental health problems and improving access using appointments to proactively call patients for review and set up systems to facilitate this. Staff were aware of the GP leads and reception staff were clear of their roles and responsibilities.

There were practice specific policies which were available to all staff which had recently been developed and updated, however, there was insufficient evidence that these had been read and adopted by staff, for example staff had not signed to say they had been read, there was no evidence of discussion at team meetings. Staff we spoke with told us they were aware of the policies and procedures and one member of the reception staff showed us where they accessed these.

Staff we spoke with were aware of the performance of the practice and they told us that the GPs and the practice manager raised their awareness of any areas of change or information that impacted on their role, although this was generally during informal discussions which were not recorded.

There was evidence of clinical and internal audit which was used to monitor quality and to make improvements. There had been two completed audits and one single cycle audit. There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions, but not all risks and these were not always clearly demonstrated.

### Leadership and culture

The partners in the practice expressed there had been changes which had impacted on the practice over the last year. However, they demonstrated that they were addressing these issues with plans to increase and develop the workforce and improve systems and processes. They had sought the expertise of external sources to assist with human resource documentation, recruited a business manager and allocated an existing member of staff to share the practice management role. The GPs told us they were committed to providing safe, high quality and compassionate care but we noted they had been unaware of some areas of risk. However, when these were identified the practice demonstrated a commitment to rectify these issues. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

There was a leadership structure in place and staff told us they felt supported by management. Staff told us the GPs communicated with them informally and that team

# Are services well-led?

Requires improvement 

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

meetings occurred at their protected learning sessions monthly. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident in doing so and felt supported if they did. Staff we spoke with told us they felt respected, valued and supported by the partners in the practice and told us the GPs were visible and approachable within 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 and engaged patients in the delivery of the service. The practice had a patient participation group PPG and we spoke with one of the members who told us the group had not met since April 2015. One member had continued to attend the practice on a regular basis and told us that the new practice manager was helping in the discussions to reconvene the group. For example, they had planned to attach an advertisement for PPG members on the back of prescriptions. We were also told that GPs were also encouraging patients to join the PPG.

- The PPG member told us that they continued to attend the practice weekly and talk to patients, obtain their views, help patients to complete surveys and advise them of the services available to them. They told us they fed back to the GPs and practice manager informally and that they were responsive to their views. They told us the practice had also produced a monthly leaflet informing patients of the PPG. The practice had worked

with the PPG in the past where they had lobbied with other practices to establish the need for a new car park and this had been achieved. We noted that the practice was not aware of the results of the national patient survey and therefore had not addressed any areas where their results were below the CCG and national average.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they also confirmed they could provide feedback during appraisal. The staff told us they felt valued and comfortable to raise issues at any time.
- The practice had increased awareness of online appointments by advertising this in the surgery and made training accessible for staff regarding customer service. However, there was no evidence to suggest they had taken any steps to address reduced levels of satisfaction regarding the GPs giving patients enough time, listening or treating patients with care and concern.

## Continuous improvement

There was some commitment to learning and improvement at all levels within the practice, although during the times of staff changes it had been difficult to demonstrate, the practice had developed new policies and procedures and the sharing and learning from these was still in progress. The practice team demonstrated commitment to the practice and an enthusiasm to improve outcomes for patients.



## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider did not do all that is reasonable practicable to mitigate any such risks</p> <p>Specifically:</p> <p>The provider had failed to identify the risks associated with the need to monitor patients who required close supervision and review whilst taking specific medicines which carried an associated risk.</p> <p>Repeat prescriptions for medicines which required patients to be closely monitored were set up to be repeated for a year without the need for review in between.</p> <p>The practice had not ensured that all appropriate recruitment checks had been carried out prior to employment of new staff.</p> <p>The practice had not established a means of assuring themselves that infection control procedures were working effectively.</p> <p>This was in breach of regulation 12(1)(2)(a)(b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p>

## Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The provider did not have established systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity the risks relating the health, safety and welfare of service users and other who may be at risk.

The provider did not have systems or processes to assess, monitor and mitigate the risks relating to the health safety and welfare of service users and other who may be at risk which arise from the carrying on of the regulated activity.

The provider did not seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Specifically:

There was no system in place for ensuring that patients taking medicines which required annual blood tests were monitored.

The provider did not have a robust system to ensure they checked patients' blood results prior to issuing repeat prescriptions of certain high risk medicines.

The provider did not have a system for making test results available to prescribers to ensure the safe prescribing of all high risk medicines.

The practice did not have a system in place to identify children at risk and vulnerable adults, or to ensure that safety alerts had been actioned appropriately.

The provider had not taken steps to address the lower than average patients satisfaction feedback from the national practice survey.

The practice had not established a means of assuring themselves that infection control procedures were working effectively

This was in breach of regulation 17 (1)(2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.