Dr Abdul Naeem

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?	Good
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 Dr Abdul Naeem's surgery on 26 January 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and urgent appointments available the same day.
- Results from the national GP patient survey published in January 2016 showed that patient's responded positively regarding access to care and treatment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- 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. However there was no audit plan in place for continuous monitoring of quality of services.
- There were uncollected prescriptions; some were nearly two months old. This meant that insufficient safeguards were in place to ensure that patients always received medicines in a timely way.

Summary of findings

- The performance indicators for the management of diabetes, hypertension and mental health were lower than the national average.

The areas where the provider must make improvement are:

- Ensure effective systems are developed and implemented in order to assess, monitor, and improve outcomes for patients and the quality of services provided.

The areas where the provider should make improvement are:

- Consider improving the process for the review of uncollected prescriptions.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and staff were encouraged to do so
- Lessons were shared to make sure action was taken to improve safety in the practice to prevent the same thing happening again.
- The practice had systems and processes in place to keep patients safe and safeguarded from abuse. Staff were aware of their responsibilities in relation to safeguarding patients.
- Risks to patients were assessed and well managed.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes for diabetes, hypertension and mental health related indicators were lower than the average for the CCG area and the national average.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to assess and plan the care needs to meet the range and complexity of patients.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey (January 2016) showed patients rated the practice higher than others for several aspects of care. For example the data showed the practice was above average for its satisfaction scores on consultation with doctors and nurses.
- Feedback from patients about their care and treatment was consistently strong and positive. They 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.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We observed a strong patient-centred culture.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood and was responsive to the needs of the local population. It engaged with the local CCG to secure improvements to services.
- Patient feedback in relation to access to appointments and waiting times was higher than the CCG average and the practice was flexible to changing demands.
- The practice was well equipped to treat patients and meet their needs. The practice had secured funding from the CCG to make improvements to the premises.
- Information about how to complain was available and easy to understand.

Are services well-led?

Requires improvement

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients but the systems in place were not effective and did not enable the strategy to be fulfilled. Staff were clear about the vision and their responsibilities in relation to the strategy.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework but this did not support the delivery of the strategy and good quality care. The arrangements to monitor and improve outcomes for patients and the service provided needed strengthening.
- The practice sought feedback from staff and patients, However the last comment on the NHS Choices web site was dated 2014, and the practice had not responded

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included home visits and urgent appointments for those with enhanced needs
- Those at high risk of hospital admission and end of life care needs were identified and reviewed regularly.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had 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 structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Quality Outcome Framework (QOF) indicators for diabetes, hypertension and mental health were lower than the CCG and national average.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, 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.
- A range of health promotion and screening was available including NHS health checks, smoking cessation and travel advice.
- The practice offered extended hours and telephone consultations for patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.
- 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 provider was rated as requires improvement for effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- 96% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is higher than CCG and the national average.
- Quality Outcomes Framework (QOF) indicators for mental health were lower than the local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. Showed the practice was performing above local and national averages. 318 survey forms were distributed and 110 were returned. This represented 35% return rate.

- 82% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 76% and a national average of 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 76%, and a national average of 85%).
- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 65% and a national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards, 36 were positive about the standard of care received. One indicated that appointments were always running late, the majority stated that they could not fault the practice, they were always listened to, well looked after and all the staff are helpful and caring.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure effective systems are developed and implemented in order to assess, monitor, and improve outcomes for patients and the quality of services provided.

Action the service SHOULD take to improve

- Consider improving the process for the review of uncollected prescriptions.

Dr Abdul Naeem

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Abdul Naeem

Dr Naeem practice is a semidetached converted two storey property situated in a residential area, located in the Oldbury area of the West Midlands. All clinical services are provided on the ground floor. The practice list size is approximately 1,850 patients. Patients of various ages are registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes two GPs, (one male and one female) two part time healthcare assistants and they have a vacancy for a part time practice nurse (the nurse had recently left the practice). The GPs and the practice manager form the practice management team and they are supported by an assistant practice manager and a team of five receptionists who all cover reception and administration duties.

The practice is open; Monday to Friday 8 am to 6.30 pm, with the exception of Wednesdays when they remained open until 7.30 pm.

Appointments are available between 9 am and 11 am each morning and from 4 pm on Mondays, Wednesdays and Fridays and from 3.30 pm till 5.30 pm on Tuesdays and Thursdays.

When the practice was closed calls were diverted to the out of hours service

The practice has not previously been inspected by CQC.

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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the health care assistant and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Reviewed documents that were made available to us.

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.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had an effective system in place for reporting, recording and monitoring significant events. Events were recorded electronically and the system was linked to the Clinical Commissioning Group CCG. CCGs are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. Both clinical and non-clinical staff were aware of their responsibilities for reporting incidents and near misses and they were encouraged to do so. We saw agendas and minutes from the monthly practice meetings, where significant events were routinely discussed and learning shared.

We reviewed the significant events that had occurred in the last twelve months. There was evidence that incidents were investigated and action taken to mitigate the risk of reoccurrence. For example, a patient was given someone else's prescription, the patient returned the incorrect prescription to the surgery. This was discussed at the staff meeting and staff reminded to confirm patient identity before handing over prescriptions.

Alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were received by the practice manager, reported to and actioned by the GP.

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:

- 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 safeguarding policy outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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. GPs were trained to Safeguarding level 3.
- There was a chaperone policy and a notice in the waiting room advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy, although the practice was in need of refurbishment, the practice had arranged to have some additional work to improve the facilities. The healthcare assistant 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Cleaning schedules were in place and signed to show that cleaning had been undertaken Staff had access to appropriate hand washing facilities and personal protective equipment, such as gloves and aprons. There were appropriate arrangements for the safe disposal of clinical waste. An infection control audit had been completed July 2015 and we saw evidence that action had been taken in response to the results of the audit.
- The practice had a process for the management of emergency drugs and vaccinations. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The practice had a process for the management of repeat prescription, this included maximum number of repeats and a review date logged on the patient record system. The practice had a process for monitoring the collection of prescriptions. However we saw that some were nearly four months old; three of these were for children, one of which was for an antibiotic. This meant that insufficient safeguards were in place to ensure that vulnerable patients received medicines in a timely way.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored

and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However there was no documented evidence that the Nursing and Midwifery Council (NMC) check for a nurse working in the practice on temporary basis had been completed. The practice manager indicated that this had been checked. Documented evidence was provided post inspection.

Monitoring risks to patients

Some 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 and staff had access to health and safety training. The practice had up to date fire risk assessments and carried out regular fire drills. We saw evidence that 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, infection control and an in-house legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment.
- 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. The practice have not used any locum doctors for two years, the GPs cover each other and are flexible in their approach to ensure the service is maintained

Arrangements to deal with emergencies and major incidents

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

- All staff had received annual basic life support training.
- Emergency medicines were accessible to staff in a secure area of the practice and staff confirmed they knew the location. The medicines were regularly checked to ensure they were in date and records maintained.
- The practice had a defibrillator and oxygen with adult masks available on the premises.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included support from a neighbouring practice and emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had access to best practice guidance from the National Institute for Health and Care Excellence (NICE). However the QOF scores did not demonstrate that this was used effectively to deliver care and treatment that met peoples needs

Management, monitoring and improving outcomes for people

The practice used the information collected from the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 81.8% of the total number of points available, with 4.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for diabetes related indicators was 65% which was lower than the CCG and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 76% which was lower than the CCG average and the national average of 83%.
- Performance for mental health related indicators was 73% which was lower than the CCG and national average 92%.

We discussed the areas where the practice scored lower for both the CCG and national averages for the QOF indicators. This included, the percentage of patients with a diagnosis of diabetes who had flu vaccines 80.4% compared with a CCG average of 93.5% and a national average of 94.4% The practice had started to offer the flu vaccines when the patient attended the practice for other issues, as an alternative to holding separate clinics. The practice indicated that there were coding errors with the mental health data.

The practice had undertaken several prescribing audits and one minor surgery audit. However there were no audit plans for continuous audits, to enable the practice to asses and monitor the quality of the services provided.

Effective staffing

- Staff had the opportunity to shadow more experienced staff for induction. They received training on topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff also received ongoing training that included: safeguarding, fire safety awareness and basic life support. An e-learning training module will be available for all staff at the end of February 2016. Staff had not received training on the Mental Capacity Act (MCA), but they had a good understanding of the MCA and a copy was available in the staff handbook.
- The practice nurse left the practice two weeks prior to the inspection. The healthcare assistant (HCA) undertook a number of duties. For example, dressings, vaccinations in accordance with patient group directives (PGD). There was a practice nurse supporting the practice on a temporary basis to manage the cytology clinics.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during training sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Coordinating patient care and information sharing

There were processes in place to ensure that 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.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred.

We saw evidence that all patients discharged from hospital were contacted ten days after discharge to attend the surgery for a review. We saw evidence that bimonthly multidisciplinary meetings took place, with regular representation from a wide range of health and social care services including health visitors, community nurses. We saw minutes of meetings to support that joint working took place. Vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.

The practice reviewed all patients that did not attend for their hospital appointments, screening or immunisation. They also reviewed all patients discharged from hospital ten days following discharge.

The GP partner had been a clinical assistant in Ophthalmology and had the use of a slit lamp (this allows the doctor to examine the front of the eye, including the eyelids, conjunctiva and iris). This was used to prevent referrals and enable treatment of common eye conditions.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff were able to give examples of how they had applied the legislation and guidance in practice when assessing patients capacity to consent and treatment.

Supporting patients to live healthier lives

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

- Systems were in place for the follow up of patients with long term conditions, however the Quality Outcome Framework (QOF) indicators were lower than local and national averages for indicators relating to diabetes, hypertension and mental health. Patients who had unplanned admissions were reviewed in order to assess their care needs. Patients with chronic condition were reviewed face to face six to twelve monthly. The practice held smoking cessation clinics and leaflets were available in reception promoting smoking cessation. Travel vaccines and weight management clinics were also available.
- The practice offered health checks to all patients over the age of forty in order to identify patients that may have an underlying condition.

The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 89% and for five year olds ranged from 78% to 100%, compared to the CCG average of 87% to 94%

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 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 advised that a private area was always offered to patients that wished to discuss sensitive issues.

All but one of the 37 completed patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they could not fault the practice and staff were always helpful and caring and they received an excellent service.

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 GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 81% and the national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average 81% and the national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 87% said they found the receptionists at the practice helpful compared to the CCG average of 81%and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. The practice also recorded the patients first language in their notes. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

Staff told us that the patients GP would contact the family following a bereavement.

The practice had a carers notice board containing supportive advice and signpost information to other services. The practice offered flu vaccinations and reviews for anyone who was a carer.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local CCG and other practices in the area to plan services and to improve outcomes for patients.

- The practice offered an extended hour surgery weekly and telephone consultations so that patients could ring from work.
- 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, older people and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- The GPs use choose and book (this is a service that allows patients to choose which hospital they attend for their first outpatient appointment) during the consultation to book the appointment for the patients.

Access to the service

Appointments could be pre-booked in advance or on the day. We saw that the next available appointment was on the day of the inspection. Staff told us that they did not turn patients away whose needs were urgent and if working patients were running late the GPs would often stay behind after clinic to see them.

The practice is open; Monday to Friday 8 am to 6.30 pm, with the exception of Wednesdays when they remained open until 7.30 pm.

Appointments are available between 9 am and 11 am each morning and from 4 pm on Mondays, Wednesdays and Fridays and from 3.30 pm till 5.30 pm on Tuesdays and Thursdays.

When the practice is closed calls are diverted to the out of hours service

Results from the national GP patient survey published (January 2016) showed that patient's satisfaction with how they could access care and treatment was better than local and national averages. Patients we spoke to on the day confirmed they were able to get appointments when they needed them. For example:

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 87% of patients describe their experience of making an appointment as good compared to the CCG average of 63% and the national average of 73%
- 69% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 47% and the national average of 58%

Listening and learning from concerns and complaints

The practice had an 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.
- Information was available to help patients understand the complaints system. There were complaints leaflets in the waiting area for patients to take away.

The practice indicated that they had not received any complaints in the last 12 months. The last comment on the NHS Choices web site was dated 2014, however the practice had not responded to these comments

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 a vision to deliver high quality care and promote good outcomes for patients. Staff shared their vision and values for the practice with us and how they were working to develop the service with patients at the forefront of the plans. Staff told us that they had been involved in developing the ethos of the practice. Staff demonstrated pride in their work and told us they felt valued and supported. However the systems in the practice were not effective and did not support the delivery of the strategy.

Governance arrangements

The practice had a governance framework but this was not effective and did not enable the provider to assess and monitor the quality of the services provided,

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- The Quality Outcome Framework (QOF) indicators were lower than local and national averages for indicators relating to diabetes, hypertension and mental health. We did not see that the practice were taking specific action to address this.
- The practice had undertaken several prescribing audits and one minor surgery audit. However there were no audit plans for continuous audits, that would allow the practice to assess, monitor and improve the quality and safety of services.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The weekly clinical meetings and bimonthly practice meetings for all staff, provided opportunities to discuss and consider significant incidents and other events that had occurred. These were viewed as opportunities to learn and improve the services.
- The practice manager indicated that the Nursing and Midwifery Council (NMC) check had been completed for a nurse working in the practice on temporary basis. However there was no documented evidence of this. Documented evidence was provided post inspection.

Leadership and culture

The GPs and the practice manager formed the management team at the practice. The team encouraged a culture of openness and honesty. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Staff confirmed that they had the opportunity to raise any issues at staff meetings or during one to one meetings and they were kept well informed. There was a whistleblowing policy in place but none of the staff we spoke to had cause to initiate it.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. However there were only three members in the patient participation group (PPG) and although there were notices in the waiting area encouraging patients to join, this had not yet been successful.
- Staff were able to provide feedback through appraisals, meetings and informal discussions. Staff confirmed that there was an open culture within the practice which enabled them to raise concerns and issues

The practice indicated that they had not received any complaints in the last 12 months. The last comment on the NHS Choices web site was dated 2014, however the practice had not responded to these comments.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider did not ensure that effective systems were in place to assess, monitor, and improve the quality of services provided. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.