

Dr Agha & Siddique

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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Agha & Siddique (Thorpe Bay Surgery) on 4 October 2017. Overall the practice is rated as good.

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.
- The practice had many clearly defined and embedded systems to minimise risks to patient safety. However, one of the processes relating to medicines management and the system in place for the management and control of Legionella were insufficient. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.
- The patients we spoke with or who left comments for us were very positive about the standard of care they received and about staff behaviours. They said staff were professional, helpful, considerate and friendly. They told us that their privacy and dignity was respected 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. Improvements were made to the quality of care as a result of complaints and concerns raised with the practice.
- Almost all patients were positive about access to the practice and appointments. One patient said it could be difficult to see their preferred GP and another patient said there could be a delay waiting for their appointments. However, those patients said access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice 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.

Summary of findings

The area where the provider must make improvements is:

- Ensure care and treatment is provided in a safe way to patients. (Please refer to the requirement notice section at the end of the report for more detail).

The areas where the provider should make improvements are:

- Progress the training schedule so that all staff employed complete the essential training relevant to their roles, including safeguarding adults and infection prevention and control training.

- Continue to support carers in its patient population with access to information, advice and annual health reviews.
- Take steps to embed a patient led approach to the Patient Participation Group (PPG).

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



- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and relevant information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, one of the processes relating to medicines management was insufficient. Prescription pads and forms were not stored securely at all times. There was a risk that prescription pads and forms could be taken and used inappropriately and practice staff would be unaware of this.
- Some staff were overdue completing adult safeguarding and infection prevention and control training. However, the practice had a schedule in place to ensure this was completed and all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.
- There were some procedures in place for assessing, monitoring and managing risks to patient and staff safety. However, the system in place for the management and control of Legionella was insufficient. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At the time of our inspection a Legionella risk assessment had not been completed and there was no Legionella management policy in place at the practice. Consequently most processes to monitor and control the risk of Legionella at the practice were not completed, for example regular water temperature checks.
- Arrangements were in place to deal with emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to local and national averages. For example, performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 86% of the points available with 9% exception reporting compared to the CCG average of 80% with 10% exception reporting and the national average of 90% with 12% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other healthcare professionals to understand and meet the range and complexity of patients' needs.
- End of life care was well coordinated with other services involved.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- A range of services were available to support patients to live healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the most recent National GP Patient Survey published in July 2017 showed that patients rated the practice similar to or above local and national averages for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. The practice website was basic although some links to information about health advice and support groups were available.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 166 patients on the practice list as carers. This was approximately 2.4% of the practice's patient list. Of those, 27 had been invited for and 12 (7%) had accepted

Good



Summary of findings

and received a health review in the past 12 months. Senior staff at the practice were aware of the low rate of offering carers an annual health review and could demonstrate they were responding to it.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, longer appointments were available in various circumstances and the GPs made regular visits to local care and residential homes. Patients received text message reminders of their appointments and the practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of patients' choice.
- Data from the most recent National GP Patient Survey published in July 2017 showed that patients rated the practice similar to local and national averages for access to the practice.
- Almost all patients were positive about access to the practice and appointments. One of the 22 patients who left comments for us said it could be difficult to see their preferred GP and another patient said there could be a delay waiting for their appointments. However, those patients said access to urgent and same day appointments was good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised directly with them. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure in place and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The practice engaged with the Patient Participation Group (PPG), however there remained opportunities for the group and the processes it was involved with to be more patient led.
- There was a focus on continuous learning and improvement at all levels and the practice team was forward thinking.

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 good for the care of older people.

Good



- 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.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 1,783 patients aged over 65 years. Of those 998 (56%) had received the flu vaccination at the practice in the 2016/2017 year. We spoke with staff about the low uptake of the flu vaccination among the practice's population aged over 65 years. They told us that many patients now chose to receive their flu vaccinations at local pharmacies that offered the service.
- There were two care or residential homes in the practice's local area. The GPs visited on a regular basis and when required to ensure continuity of care for those patients.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 75% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 74% and the national average of 76%.
- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 86% of the points available with 9% exception reporting compared to the CCG average of 80% with 10% exception reporting and the national average of 90% with 12% exception reporting.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.

Summary of findings

- 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 GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be 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 child immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme in 2015/2016 was 77% which was similar to the CCG and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were available for children.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available. Chlamydia testing kits were available at the practice.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- The practice offered online services such as GP appointment booking (this was not yet available for nurse appointments) and repeat prescriptions as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice sent patients text message reminders of appointments which included the facility for patients to cancel their appointments by return text.
- The practice operated a phone triage system every morning and afternoon to assess urgent need and ensure all those patients who required a same day consultation were seen.
- The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of patients' choice.
- There was some additional out of working hours access to appointments to meet the needs of working age patients. There was extended opening every Monday until 8pm.
- 59% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 52% and the national average of 58%.
- 66% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG average of 62% and the national average of 73%.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 28 patients on the practice's learning disability register at the time of our inspection. Of those, 11 had been invited for and six (21%) had accepted and received a health review since April 2017. Senior staff told us all of these patients would be invited for a review by March 2018 (within a 12 month period).
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other healthcare professionals in the case management of vulnerable people.
- The practice had some information available for vulnerable patients about how to access 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.

Good



Summary of findings

- The practice had identified 166 patients on the practice list as carers. This was approximately 2.4% of the practice's patient list. Of those, 27 had been invited for and 12 (7%) had accepted and received a health review in the past 12 months. Senior staff at the practice were aware of the low rate of offering carers an annual health review and could demonstrate they were responding to it.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 81% and the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 94% of the points available with 8% exception reporting compared to the CCG average of 87% with 10% exception reporting and the national average of 93% with 11% exception reporting.
- The practice regularly worked with other healthcare professionals 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 support groups and voluntary organisations.
- The staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.
- There was a GP lead for mental health.

Good



Summary of findings

What people who use the service say

The most recent National GP Patient Survey results published in July 2017 showed the practice was performing in line with or above local and national averages. There were 240 survey forms distributed and 111 were returned. This was a response rate of 46% and represented 1.6% of the practice's patient list.

- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 78% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.
- 80% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 73% and the national average of 77%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards. We also spoke with five patients during the inspection. From this feedback we found that patients

were very positive about the standard of care received. Patients said they felt staff were professional, helpful, considerate and friendly and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

All of the patients we spoke with and the majority of the patients who left comments for us were very positive about access to the practice and appointments. One of the 22 patients who left comments for us said it could be difficult to see their preferred GP and another patient said there could be a delay waiting for their appointments. However, those patients said access to urgent and same day appointments was good.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from April 2017 to July 2017 showed that of the 105 respondents, 97 (92%) were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

Dr Agha & Siddique

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 acting as a specialist adviser.

Background to Dr Agha & Siddique

Dr Agha & Siddique (also known as Thorpe Bay Surgery) provides a range of primary medical services from its premises at Thorpe Bay Surgery, 99 Tyrone Road, Thorpe Bay, Southend-On-Sea, Essex, SS1 3HD. The practice has a registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice serves a population of approximately 6,959 and is a teaching and training practice. The area served is less deprived compared to England as a whole. The practice population is mostly white British with South Asian and Central and Eastern European communities. The practice serves an above average population of those aged 50 years and over. There is a lower than average population of those aged from 0 to 9 years and 20 to 44 years.

The clinical team includes two GP partners (one male and one female), two salaried GPs (one male and one female), two female trainee GPs, one nurse prescriber, one practice nurse and one healthcare assistant. The team is supported by a practice manager and seven other secretarial, administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The emergency phone line is open from 8am to 8.30am daily. The practice is fully open (phones and doors) from 8.30am to 6.30pm Monday to Friday. Between 1pm and 3pm daily the doors are closed but the phone lines remain open. There is extended opening every Monday until 8pm.

With the exception of Tuesdays from 1pm when there is no surgery, in general appointments are available from 9.30am to midday and 4pm to 6.30pm Monday to Friday, with slight variations depending on the doctor and the nature of the appointment.

An out of hours service for when the practice is closed is provided by Integrated Care 24 (IC24).

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 4 October 2017. During our inspection we:

Detailed findings

- Spoke with a range of staff including one GP partner, one salaried GP, the nurse prescriber, the practice manager and members of the reception and administration team.
- Reviewed a sample of the personal care or treatment records of patients to ensure safe systems and processes were in place.
- Spoke with five patients and two members of the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided).
- Observed how staff interacted with patients.
- Reviewed 22 CQC comment cards left for us by patients to share their views and experiences of the practice with 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.

Are services safe?

Our findings

Safe track record and learning

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

- The staff we spoke with were clear on the reporting process used at the practice and there was a reporting form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following an incident when a patient was not made aware that a prescription for antibiotics was available for them to collect, the practice reviewed and modified its process for how certain patient samples were requested and managed.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received the alerts and appropriate action was taken to respond to the alerts which kept patients safe.

Overview of safety systems and processes

There were many clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However one of the processes relating to medicines management was insufficient.

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for

further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained to the appropriate level. All staff had completed child safeguarding training and GPs were trained to an appropriate level to manage child safeguarding concerns (level three). Whilst some staff were overdue completing adult safeguarding training, the practice had a schedule in place to ensure this was completed. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities.

- Notices around the practice 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 (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 saw the practice was visibly clean and tidy. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Hand wash facilities, including hand sanitiser were available throughout the practice.
- The nurse prescriber was the infection prevention and control lead. There was an infection control protocol in place and an infection control audit was completed in January 2017. We saw evidence that action was taken to address any improvements identified as a result. Whilst some staff were overdue completing infection prevention and control training, the practice had a schedule in place to ensure this was completed. Despite this, all of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.

Most of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing and disposal). However one of the processes relating to medicines management was insufficient.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable

Are services safe?

process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- A system was in place to monitor blank prescription pads and forms when they arrived at the practice and as they were distributed to staff. However, the pads and forms were not stored securely at all times. We saw blank forms were left in printers in rooms that were not locked when unattended. Also the main storage area was in a room that was not locked when unattended. There was a risk that prescription pads and forms could be taken and used inappropriately and practice staff would be unaware of this.

We reviewed five personnel files and related documentation and found that for staff recruited within the past year appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

There were some procedures in place for assessing, monitoring and managing risks to patient and staff safety. However, the system in place for the management and control of Legionella was insufficient. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There was a health and safety policy available with a poster displayed in a staff area which identified local health and safety representatives.
- The practice had up to date health and safety and fire risk assessments available. Where risks were identified the practice responded by completing the necessary actions and implementing the appropriate control measures. A fire drill was last completed in September 2017.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that enough staff were on duty.
- The practice had a Control of Substances Hazardous to Health (COSHH) risk assessment in place.
- At the time of our inspection a Legionella risk assessment had not been completed and there was no Legionella management policy in place at the practice. Consequently most processes to monitor and control the risk of Legionella at the practice were not completed, for example regular water temperature checks. However, water sample testing was completed at the premises by a contracted service on an annual basis. Where practicable in a short timescale, the practice took action to respond to our findings following the inspection and a Legionella risk assessment was booked to be completed on 3 November 2017.

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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 92% of the total number of points available compared to the CCG average of 91% and the national average of 95%. Data from 2015/2016 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 86% of the points available with 9% exception reporting compared to the CCG average of 80% with 10% exception reporting and the national average of 90% with 12% 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).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 74% of the points available, with 2% exception reporting, compared to the CCG average of 81% with 3% exception reporting and the national average of 83% with 4% exception reporting.

- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 94% of the points available with 8% exception reporting compared to the CCG average of 87% with 10% exception reporting and the national average of 93% with 11% exception reporting.

There was evidence of quality improvement including clinical audit:

- We looked at the details of 11 clinical audits undertaken in 2016 and 2017. Some of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, in September 2017 the practice completed an audit to check that all of its patients with Atrial Fibrillation were safely and appropriately anti-coagulated. (Atrial Fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate). By analysing the results, the practice improved the number of patients identified to receive the appropriate treatment in accordance with guidelines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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 confidentiality, fire safety and health and safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. 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 online resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. A programme was in place to ensure all staff received an appraisal on an annual basis.

- Staff received training that included: safeguarding, fire safety, infection prevention and control and basic life support. Although some staff had not completed some of their training within the required timescales, we saw evidence of a schedule to ensure completion. Most of the training was provided by the use of an e-learning facility.

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 shared information systems.

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

Staff worked together and with other health and social care 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, when they were referred, or after they were discharged from hospital. We saw evidence that a process was in place for multi-disciplinary teams to discuss the needs of complex patients, including those with end of life care needs. These patients' care plans were routinely reviewed and updated.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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).

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw the process for seeking consent was well adhered to and examples of recorded patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.

The practice's uptake for the cervical screening programme in the 2015/2016 year was 77%, which was similar to the CCG and national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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 consequence of abnormal results.

Bowel and breast cancer screening rates were similar to local and national averages. Data for the 2015/2016 year showed that:

- 59% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG average of 52% and the national average of 58%.
- 66% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG average of 62% and the national average of 73%.

These were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Are services effective?

(for example, treatment is effective)

The practice achieved above the required 90% standard for childhood immunisation rates between April 2015 and March 2016. For example, 95% of children aged 1 year received their full course of recommended vaccinations and 92% of children aged 2 years received their Measles, Mumps and Rubella vaccination.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children, people with long-term conditions and those aged over 65 years. The practice had 1,783 patients aged over 65 years. Of those 998 (56%) had received the flu vaccination at the practice in the 2016/2017 year. We spoke with staff about the low uptake of the flu vaccination among the practice's population aged over 65 years. They told us that many patients now chose to receive their flu vaccinations at local pharmacies that offered the service.

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

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 81% and the national average of 84%.
- 75% of patients on the asthma register had their care reviewed in the last 12 months. This was similar to the CCG average of 74% and the national average of 76%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.

The 22 patient Care Quality Commission comment cards we received were very positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were professional, helpful, considerate and friendly and treated them with dignity and respect.

Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the most recent National GP Patient Survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 86% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 86%.

- 95% of patients said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the most recent National GP Patient Survey published in July 2017 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.

Are services caring?

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Translation services including British Sign Language (BSL) were available and a hearing loop was provided. We saw notices in the waiting areas informing patients an interpretation service was available.
- The NHS e-Referral service was used with patients as appropriate. (Often known to patients as Choose and Book, this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets in the patient waiting areas informed patients how to access a number of support groups and organisations. The practice website was basic although some links to such information were available.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 166 patients on the practice list as carers. This was approximately 2.4% of the practice's patient list. Of those, 27 had been invited for and 12 (7%) had accepted and received a health review in the past 12 months. We spoke with senior staff about the low rate of offering carers an annual health review. They told us that due to a healthcare assistant vacancy the recent provision of health reviews for carers had been limited. However, they told us a healthcare assistant had recently been appointed and was receiving the relevant training and consequently the provision of these checks would improve.

From our conversations with staff and our observations we found there was some information available online (through the practice website) and information packs were available from reception to direct carers to the support available to them.

We saw that the practice notified the appropriate staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. A condolence card was often sent to bereaved families and the GPs would contact them with an invitation to approach the practice for support and signposting them to local bereavement services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended opening hours every Monday until 8pm. This assisted working patients who could not attend during normal opening hours.
- The practice sent patients text message reminders of appointments which included the facility for patients to cancel their appointments by return text.
- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is a NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 152 patients (2.7% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available in various circumstances including for patients with a learning disability and those with multiple conditions.
- There were 28 patients on the practice's learning disability register at the time of our inspection. Of those, 11 had been invited for and six (21%) had accepted and received a health review since April 2017. Senior staff told us all of these patients would be invited for a review by March 2018 (within a 12 month period).
- Home visits were available for older patients and patients who would benefit from these.
- There were two care or residential homes in the practice's local area. The GPs visited on a regular basis and when required to ensure continuity of care for those patients.
- Same day appointments were available for children and those patients with medical conditions that require same day consultation.
- The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of patients' choice.
- Patients were able to receive travel vaccinations available on the NHS as well as some of those only available privately. Patients were signposted elsewhere to receive vaccinations not available at the practice.
- Translation services including British Sign Language (BSL) were available and a hearing loop was provided.
- An accessible toilet facility with a call alarm and baby changing facility was provided.
- There was step free access to the main entrance. The main waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the ground floor treatment and consultation rooms. Although there was no lift at the practice, a process was in place to ensure that patients who were not able to access the first floor consultation rooms were always seen downstairs.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available. This included coil insertion and contraceptive implants. Chlamydia testing kits were available at the practice.

Access to the service

The practice was fully open (phones and doors) from 8.30am to 6.30pm Monday to Friday. Between 1pm and 3pm daily the doors were closed but the phone lines remained open. There was extended opening every Monday until 8pm.

With the exception of Tuesdays from 1pm when there was no surgery, appointments were available from 9.30am to midday and 4pm to 6.30pm Monday to Friday, with slight variations depending on the doctor and the nature of the appointment. In addition to GP pre-bookable appointments that could be booked up to four weeks in advance (eight weeks in advance for nurse appointments), urgent appointments were also available for people that needed them. The practice operated a phone triage system every morning and afternoon to assess urgent need and ensure all those patients who required a same day consultation were seen.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the most recent National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was similar to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 71%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 82% and the national average of 84%.
- 82% of patients said their last appointment was convenient compared to the CCG average of 80% and the national average of 81%.
- 78% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.
- 60% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 63% and the national average of 58%.

All of the patients we spoke with and the majority of the patients who left comments for us were very positive about access to the practice and appointments. One of the 22 patients who left comments for us said it could be difficult to see their preferred GP and another patient said there could be a delay waiting for their appointments. However, those patients said access to urgent and same day appointments was good.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website (GP appointments only as nurse appointments were not available to book online).

Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were two designated responsible people who handled all complaints in the practice. These were one of the GP partners and the practice manager.
- We saw that information was available to help patients understand the complaints system. A complaints procedure patient information leaflet was available from reception and complaints notices were displayed around the waiting areas.

We looked at the details of nine complaints received since April 2017. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following a patient being verbally informed of an incorrect diagnosis the practice reviewed and modified its read coding procedure. (Read coding is a standard method for clinicians to record patient findings and procedures on their IT system).

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose detailing its aims and objectives. These included providing accessible high quality healthcare services with effective management systems, communication and a highly motivated, skilled workforce.
- The monthly practice meeting attended by the clinical staff and the practice manager was used to monitor the strategic direction of the practice throughout the year. A business development plan was in place covering such things as staffing, premises, IT and patient services. The main areas of strategic focus of the practice in the past year had been reviewing the appointments system and monitoring the increased workloads of staff with a view to assessing staffing requirements. From our conversations with staff we found the practice had made significant progress with the appointments system. This had included introducing a phone triage system every morning and afternoon to assess urgent need and ensure all those patients who required a same day consultation were seen.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff. These were regularly updated and reviewed.
- There was an understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

- From our conversations with staff and our review of documentation we found that lessons were learnt and shared following significant events and complaints.
- With the exception of the lack of a system in place for the management and control of Legionella, there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Where practicable in a short timescale, the practice took action to respond to our findings following the inspection and a Legionella risk assessment was booked to be completed on 3 November 2017.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. 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. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

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

There was a leadership structure in place.

- There was a schedule of meetings at the practice for individual staff groups and all staff to attend. A process was in place for involving external healthcare professionals in discussing and monitoring vulnerable patients.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues informally or at the meetings and felt confident in doing so and supported if they did.

Are services well-led?

Good 

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

- Staff said they felt respected and valued and knew who to go to in the practice with any concerns. Staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, prescribing, palliative care and patients with diabetes. There were also nurse led clinics for patients with respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities.

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

The practice encouraged and valued feedback from patients and staff.

- The practice had an active Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided). There was also a virtual group (an online community of patients). From our conversations with staff and PPG members and our review of documentation we found that the group met every two months. At the time of our inspection the main focus of the group was as an information sharing forum between the practice and the locality, although the group had previously been proactive in fundraising activities. We found that despite having its own chairperson the PPG was mainly practice led as opposed to patient led. Such things as the timing of the PPG meetings were governed by the availability of practice staff and the sharing of meeting minutes and control of the virtual group register remained with practice staff.
- The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients

to feedback on the services that provide their care and treatment. The results from April 2017 to July 2017 showed that of the 105 respondents, 97 (92%) were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

- We saw that the practice responded to the concerns and complaints it received from patients. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. Staff said they felt involved and engaged in how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a GP training practice and maintained high standards for supporting its trainees. Two of the GPs were qualified GP trainers.

The practice team was forward thinking. A business development plan was in place detailing the practice's aspirations between 2016 and 2020. This included a commitment to the introduction of internet phone and video calling consultations.

A review of and subsequent improvements to the practice's appointments system in 2017 had included the introduction of a phone triage system every morning and afternoon to assess urgent need and ensure all those patients who required a same day consultation were seen. In an attempt to reduce the number of patients not attending planned appointments, a text message appointment reminder service had been introduced. This included the facility for patients to cancel their appointments by return text.

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>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of staff and service users receiving care and treatment. In particular:</p> <p>At the time of our inspection a Legionella risk assessment had not been completed and there was no Legionella management policy in place at the practice. Consequently most processes to monitor and control the risk of Legionella at the practice were not completed, for example regular water temperature checks.</p> <p>There was not always proper and safe management of medicines. In particular:</p> <p>Prescription pads and forms were not stored securely at all times. We saw blank forms were left in printers in rooms that were not locked when unattended. Also the main storage area was in a room that was not locked when unattended. There was a risk that prescription pads and forms could be taken and used inappropriately and practice staff would be unaware of this.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>