

Dr Yousri El-Gazzar

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?

Good



Are services effective?

Good



Are services caring?

Requires improvement



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 Yousri El-Gazzar on 5 May 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2015 inspection can be found by selecting the 'all reports' link for Dr Yousri El-Gazzar on our website at www.cqc.org.uk.

This inspection was undertaken to check the provider had taken the action we said they must and should take and was an announced comprehensive inspection on 31 August 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. It had taken the action we said it must should take at our May 2015 inspection to ensure staff had access to a defibrillator in the event of a medical emergency.

However, we found some shortcomings in the arrangements for prescription security and one of the medicines recommended in national guidance was not kept in the emergency kit.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The practice had taken the action we said it must take at our May 2015 inspection to ensure staff understood Gillick competence in relation to consent for young people under 16 years of age.
- Results from the national GP patient survey were mixed when patients were asked about being treated with compassion, dignity and respect and their involvement in decisions about their care and treatment.
- Information about services and how to complain was available and accessible to patients. Improvements were made to the quality of care as a result of complaints and concerns.
- Not all patients we spoke with said they found it easy to make an appointment with a named GP and some

Summary of findings

said there was not always continuity of care. However, the practice was taking action to improve access to appointments. Urgent appointments were available the same day.

- The practice had adequate facilities and equipment to treat patients and meet their needs.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Appropriate governance arrangements were in place and the practice had taken the action we said it must take at our May 2015 inspection to establish arrangements to monitor and mitigate risks including completed cycles of clinical audits and formal clinical and multidisciplinary meetings held on a regular basis and recorded.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Ensure a record is kept of serial numbers of prescription pads to ensure full monitoring of their use.
- Complete and record a risk assessment of the practice's decision not to stock medicine excluded from the emergency medicines kit.
- Continue action to improve QOF performance in areas where performance has been below CCG and national averages.
- Continue to monitor uptake of childhood immunisations to secure improved uptake performance.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Implement an action plan to address the relatively low scores for some of the caring questions on the GP survey.
- Keep the practice's action plan to improve patient access to appointments under close monitoring and review.
- Consider the introduction of a more structured, planned programme of clinical audit to drive improvement in patient outcomes.

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 good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- There were appropriate arrangements in place for the management of medicines. Prescriptions were kept securely in most respects. However, no record was kept of serial numbers of prescription pads to ensure full monitoring of their use.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. However, one of the medicines recommended in national guidance was not kept in the emergency kit and there was no documented risk assessment of the reasons for not stocking the medicine excluded.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 2015/16 data from the Quality and Outcomes Framework (QOF) was mixed showing 12 clinical indicators where performance was above and five below average. Indicators where performance was significantly below average included: COPD, diabetes, osteoporosis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack. Unpublished 2016/17 data showed some improvement in performance in four of these indicators.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others in relation to a number of aspects of caring.
- Survey information we reviewed was mixed when patients were asked about being treated with compassion, dignity and respect and their involvement in decisions about their care and treatment.
- The practice had a system in place to identify and support carers. However, less than one percent of the practice list had been identified as carers and offered support.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Not all patients we spoke with said they found it easy to make an appointment with a named GP and some said there was not always continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. 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.

Good



Summary of findings

- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had 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. This included arrangements to monitor and improve quality and identify risk.
- The practice undertook clinical audit to drive quality improvement. However, there was no formal audit programme in place.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice also worked closely with the Primary Care Navigator and referred patients who may require input from social services, housing organisations and other external agencies.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was similar to the CCG but lower than the national average: 78% compared to 80% and 90% respectively.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation uptake against national targets was below standard for four of the age two and under targets. For 5 year olds, uptake was higher than CCG and national averages for MMR Dose 1 and higher than the CCG but lower than the national average for Dose 2
- Children and young people were treated in an age-appropriate way and were recognised as individuals. Staff we spoke with were familiar with Gillick competencies (used to decide whether a child or young person 16 years and younger is able to consent to their own medical treatment without the need for parental permission or knowledge).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice carried out advance care planning for patients living with dementia.
- 82% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. These patients were reviewed regularly and offered an annual physical health check.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- QOF performance was comparable to the national average for mental health related indicators.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. There was an in-house counsellor offering talking therapy and patients with severe mental health illness were seen by a specialist mental health nurse.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 were published in July 2017. The results showed the practice was performing in line with local and national averages in some areas but below average in others. 380 survey forms were distributed and 57 were returned. This represented just under 2% of the practice's patient list.

- 79% of patients described the overall experience of this GP practice as good compared with the CCG average of 79% and the national average of 85%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, a number of patients told us they were unable to get routine appointments when they needed them and felt more doctors were needed. In the most recent results from the NHS friends and families test, 85% of 59 respondents said they were extremely likely or likely to recommend the practice to friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure a record is kept of serial numbers of prescription pads to ensure full monitoring of their use.
- Complete and record a risk assessment of the practice's decision not to stock medicine excluded from the emergency medicines kit.
- Continue action to improve QOF performance in areas where performance has been below CCG and national averages.
- Continue to monitor uptake of childhood immunisations to secure improved uptake performance.
- Review the system for the identification of carers to ensure all carers have been identified and provided with support.
- Implement an action plan to address the relatively low scores for some of the caring questions on the GP survey.
- Keep the practice's action plan to improve patient access to appointments under close monitoring and review.
- Consider the introduction of a more structured, planned programme of clinical audit to drive improvement in patient outcomes.

Dr Yousri El-Gazzar

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 an Expert by Experience.

Background to Dr Yousri El-Gazzar

Dr Yousri El-Gazzar practice provides GP primary medical services to approximately 3,300 patients living in the London Borough of Westminster. The Borough of Westminster has a diverse population with a lower proportion of residents from White British backgrounds compared to other London boroughs. Patients registered with the practice are predominantly from ethnic minority backgrounds including the Middle East and Asia.

The practice team is made up of two male GPs, one female GP, a practice nurse, a healthcare assistant/phlebotomist, a practice manager and five administrative staff.

The practice opening hours are between 8am and 8pm on Monday, and 8am-6:30pm Tuesday to Fridays.

Appointments are from 9am to 12 noon and from 5pm to 8pm on Mondays; 9am to 12 noon and 4pm to 6pm on Tuesdays and Fridays; 9am to 11am, 4pm-6pm on Wednesdays; and 9am to 12 noon on Thursdays. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available on the day for people that need them. Telephone consultations are also available for patients on

request. The duty doctor is available from 11:30am to 12 noon every week day to triage emergencies. The nurse is available for telephone consultations from 12 noon to 12:30pm Monday to Thursday.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services).

The practice refers patients to a local Out of Hours service provider and the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder and injury.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Yousri El-Gazzar on 5 May 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective and well led services and we identified action the provider must and should take to improve the quality and safety of services provided.

We also issued requirement notices to the provider in respect of dignity and respect; and good governance. We undertook a further announced comprehensive inspection of Dr Yousri El-Gazzar on 31 August 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the May 2015 inspection can be found by selecting the 'all reports' link for Dr Yousri El-Gazzar on our website at www.cqc.org.uk.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 August 2017. During our visit we:

- Spoke with a range of staff (GPs, practice nurse, practice nurse, practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the single practice location.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 5 May 2015, we rated the practice as good for providing safe services. However, we said the provider should take action to improve in relation to the availability of emergency equipment.

The provider had taken this improvement action when we undertook a follow up inspection on 31 August 2017. The practice is again rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an error in prescription processing, the practice reviewed its processes and put in place measures to prevent a recurrence. The practice also gave greater attention to promoting electronic prescribing to patients to help prevent a similar occurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, the nurse, healthcare assistant/phlebotomist and in house counsellor level 2 and administrative staff level 1. A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes 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 process to ensure this occurred. The practice carried out regular

Are services safe?

medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. However, no record was kept of serial numbers of prescription pads to ensure full monitoring. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Two administrative staff had not undergone DBS checks but a risk assessment had been completed in each case documenting the reasons for this.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- In response to action we said the provider should take at our May 2015 inspection, the practice had a defibrillator available on the premises. There was also oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, one of the medicines recommended in CQC guidance, for severe pain, was not kept in the emergency kit and there was no documented risk assessment for not keeping the medicine excluded.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 5 May 2015, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audit, formal clinical and multidisciplinary meetings and communication with out of hours services needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 31 August 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 88% and national average of 95%.

Overall exception rates for clinical indicators were lower than the CCG or national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) However, one indicator was significantly higher:

- Cancer: 40% compared to the CCG average of 32% and National average of 25%.

We discussed this data with the practice who suggested that this was due to minor surgery carried out in the practice and the greater awareness, for example, of skin cancer and consequent early referrals; this removed these patients from QOF calculations.

Data from 2015/16 showed twelve clinical indicators where performance was at 100% and above average and five below average:

- Performance for mental health related indicators was higher than the CCG and similar to the national average: 92% compared to 85% and 93% respectively.
- Performance for diabetes related indicators was similar to the CCG but lower than the national average: 78% compared to 80% and 90% respectively.
- Performance for COPD related indicators was similar to the CCG but lower than the national average: 81% compared to 82% and 96% respectively.
- Performance for osteoporosis was lower than CCG and national averages: 0% compared to 70% and 88% respectively.
- Performance for secondary prevention of coronary heart disease was lower than CCG and national averages: 78% compared to 85% and 95% respectively.
- Performance for stroke and transient ischaemic attack was lower than CCG and national averages: 82% compared to 91% and 95% respectively.

The practice was unable to offer any explanation for the lower than average scores. They had, however, initiated an audit of osteoporosis to improve identification of patients with the condition and were offering screening during appointments. In addition, the practice had made some improvement in QOF outcomes. Unpublished data for 2016/17 showed total achieved of 90% and performance for diabetes at 81%; COPD at 88%; secondary prevention of coronary heart disease at 83% and stroke and transient ischaemic attack at 90%. The practice anticipated further improvement in 2017/18 now that it was offering a wide range of additional nurse-led clinical services directly from the practice.

The following were identified by CQC prior to the inspection as a significant variation/variation respectively from local or national averages for further enquiry:

Are services effective?

(for example, treatment is effective)

- Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2015 to 30/06/2016). Practice: 4.05; CCG 1.26; National 0.98.
- The percentage of patients with diabetes, on the register, whose last measured

total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2015 to 31/03/2016). Practice: 66%; CCG 74%; National average 80%.

We discussed these variations with the practice. They suggested that the hypnotics prescribing was due to patients being treated for lower back pain and fibromyalgia being reluctant to engage in physical activity to improve their condition. They expected the cholesterol measurements uptake to improve as patients were more keen now on statins and committed to keeping cholesterol levels low.

There was evidence of quality improvement including clinical audit:

- In response to action we said the provider must take at our May 2015 inspection there had been four clinical audits commenced in the last two years, two of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit of patients receiving anti-coagulant medicine the practice improved the monitoring and review of, and prescribing practices for such patients.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions received regular update training in the management and treatment of asthma, COPD and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through 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 scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff due one had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. In response to action we said the practice must take at our May 2015 inspection, documented multidisciplinary meetings now took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Are services effective?

(for example, treatment is effective)

In response to action we said the provider should take, the practice had introduced a form to record formal communication with out of hours services to enable shared patient information to be documented and recorded.

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. In response to action we said the provider must take, staff were now familiar with Gillick and Fraser guidelines (used to decide whether a child or young person 16 years and younger is able to consent to their own medical treatment without the need for parental permission or knowledge).
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. The practice had also recognised that migrants were particularly vulnerable to abuse. In response to this risk, the practice had trained staff in recognising signs of domestic violence and signposting patients to organisations for support.

- Patients requiring dietary advice were referred to local dietician services. Of 116 patients identified as obese, 75 (65%) had been offered support. Patients were also offered referral to healthy hearts for diet and exercise support. The practice hosted a weekly smoking cessation clinic provided by a local smoking cessation adviser. A total of 937 smokers had been identified and 650 (74%) had been offered cessation advice. Fourteen smokers had quit smoking in the last 12 months.

The practice's uptake for the cervical screening programme was 71%, which was comparable with the CCG average of 73% but lower than the national average of 81%. The practice were aware that uptake was lower than the national average which they told us was largely due to a transient population who had received part of their care in foreign health care systems.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Performance in 2015/16 for meeting 90% targets for childhood immunisation rates for the vaccinations given was below standard for four national targets:

- 88% for children aged 1 with a full course of recommended vaccines.
- 72% for children aged 2 with pneumococcal conjugate booster vaccine.
- 78% for children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine.
- 75% for children aged 2 with Measles, Mumps and Rubella vaccine.

Performance for 5 year olds was higher than CCG and national averages for MMR Dose 1 and higher than the CCG but lower than the national average for Dose 2:

- MMR Dose 1: Eligible 35: Practice 100%; CCG 80%; National 94%.
- MMR Dose 2: Eligible 35: Practice 74%; CCG 62%; National 88%.

The practice told us it followed up with families by letter and text messages in an attempt to increase uptake.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast

Are services effective? (for example, treatment is effective)

cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients

(completed for 82% of those eligible) and NHS health checks for patients aged 40–74 (completed for 5% of those eligible). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 5 May 2015, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 31 August 2017 we found the arrangements for identifying and supporting carers needed improving and data from the national GP patient survey showed patients rated the practice lower than others in relation to a number of aspects of caring. The practice is now rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey were mixed when patients were asked if they felt they were treated with compassion, dignity and respect. The practice was below average for the majority of its satisfaction scores on consultations with GPs but similar to averages with nurses. For example:

- 75% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 89%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 90%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The practice told us they would be reviewing these results at the next practice meeting with a view to drawing up an action plan to address below average satisfaction scores. They had already initiated a review of the survey results regarding access to appointments.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

Results from the national GP patient survey were mixed for patients' responses to questions about their involvement in planning and making decisions about their care and treatment. Some results were in line with local and national averages and others below average. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Some information leaflets were available in other languages.

- The Choose and Book service was used with patients as appropriate. (Choose and Book 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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, patients were signposted to bereavement services, the in-house counsellor and the Improving Access to Psychological Therapies (IAPT) programme for treatment of depression, anxiety, phobias and post-traumatic stress disorder.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 5 May 2015, we rated the practice as good for providing responsive services. We said the provider should take action to develop a fully functioning website and this was addressed shortly after the inspection.

When we undertook a follow up inspection on 31 August 2017 we found the practice remained responsive to meeting people's needs and the practice is still rated as good for providing responsive services.

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 hours on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and others who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice provided a minor surgery service to its own patients and to those from neighbouring practices. The practice also provided a comprehensive range of services under the local out of hospital services scheme enabling patients to be treated nearer to their home. These included ambulatory blood pressure monitoring (ABPM), spirometry, simple wound care and phlebotomy.

- In response to action we said the provider should take at our May 2015 inspection, the practice now had a fully functioning website which went live shortly after the previous inspection.

Access to the service

The practice opening hours are between 8am and 8pm on Monday, and 8am-6:30pm Tuesday to Fridays.

Appointments were from 9am to 12 noon and from 5pm to 8pm on Mondays; 9am to 12 noon and 4pm to 6pm on Tuesdays and Fridays; 9am to 11am, 4pm-6pm on Wednesdays; and 9am to 12 noon on Thursdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available on the day for people that needed them. Telephone consultations were also available for patients on request. The duty doctor was available from 11:30am to 12 noon every week day to triage emergencies. The nurse was available for telephone consultations from 12 noon to 12:30pm Monday to Thursday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages for some questions but below average for others.

- 77% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 69% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 69% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 45% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

A number of patients told us on the day of the inspection that they were unable to get routine appointments when

Are services responsive to people's needs?

(for example, to feedback?)

they needed them and felt more doctors were needed. The practice told us they had reviewed the results of the national GP patient survey and we saw the action plan for this. This showed they were in the process of implementing a review of the appointment system to improve access. They had initiated an appointments audit which included a review of patients who did not attend (DNA) for appointments with a view to reducing the DNA rate and thereby freeing up more appointments for others, and consideration of the introduction of 15 minute appointments. The action plan made provision for the introduction of a new appointments system which would be trialled, followed by a patient survey to gauge whether satisfaction with access had improved.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The duty doctor would call the patient by telephone to assess the need for a home visit and then prioritise visits according to urgency of need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a notice on display and a summary leaflet available in the reception area.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about a delay in getting an appointment with one of the GPs, the practice initiated an audit of appointment delays as part of a wider review intended to improve access to appointments.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 5 May 2015, we rated the practice as requires improvement for providing well-led services as improvement was needed to governance arrangements to assess, monitor and mitigate risks, including a programme of completed clinical audit cycles and formal clinical and multidisciplinary meetings held on a regular basis.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 31 August 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and in the practice leaflet. Staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses and the practice manager had lead roles in key areas. For example, QOF and complaints, infection control and safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical and internal audit was used to monitor quality and to make improvements. In response to action we said the provider must take at our May 2015 inspection there was now evidence of completed audit cycles

undertaken to monitor and drive improvement in patient care. However, the practice would benefit from a more structured, planned programme of clinical audit to drive improvement in patient outcomes.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- In response to action we said the provider must take at our May 2015 inspection, there were now formal clinical and multidisciplinary meetings being held on a regular basis which were documented.

Leadership and culture

On the day of inspection the practice management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and they were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

management team. For example, at the suggestion of the PPG the practice put information on the TV screen in reception to raise awareness and encourage more use of on-line appointment booking.

- the NHS Friends and Family test, complaints and compliments received
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, the practice had introduced a range of out of hospital services enabling patients to be treated nearer to their home. The practice also provided a minor surgery service to its own patients and to those from neighbouring practices.