

# Dr Navaid Alam

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	13
Background to Dr Navaid Alam	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Navaid Alam (TG Medical) on 17 May 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- Safety alerts were received and acted upon, however there was no documented evidence to demonstrate this.
- Risks to patients were not well assessed.
- Safeguarding training was not undertaken by all staff at relevant levels to their role and safeguarding policies and procedures were out of dated and in need of revision.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Premises and equipment were clean and secure however they were not always properly maintained.
- Infection control procedures were in place; however improvements were needed to some aspects of infection prevention and control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients received explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- Patients said that sometimes it was difficult to make an appointment with a named GP. Appointments generally ran to time and patients were given time to discuss their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.
- Staff were supervised, felt involved and worked as a team.
- Governance arrangements were in place such as policies and procedures, audits and learning from incidents, events and complaints.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure safeguarding policies and procedures reflect current guidance and legislation.
- Ensure staff are familiar with the policies and procedures, are trained and have a knowledge and understanding of safeguarding vulnerable adults and children.
- Ensure systems and processes are in place for assessing, monitoring and mitigating risks associated with general environmental risks

(including control of substances hazardous to health (COSHH)), infections (including those healthcare associated), storage of vaccines and risks of unsafe management of prescription pads.

- Ensure records relating to patients are stored safely in accordance with current legislation and guidance.
- Ensure the premises are safe by making sure electrical equipment is tested and maintained.
- Ensure medical equipment used is maintained properly.

In addition the provider should:

- Review the system for managing safety alerts and notices to include documenting action taken.
- Review and implement a system for monitoring clinical staff's professional registration status such as with the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC).
- Review the implementation of an audit programme for the practice to include prioritisation of audits according to local and national needs, legislation and guidance.
- Review the system of checking the medical emergency equipment to include documentation of such checks.
- Review the system for reviewing, implementation and dissemination of NICE guidelines.

**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.

- There was an effective system in place 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 received reasonable support, truthful information, and an apology.
- Improvements were needed to the systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not well assessed.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national and local averages.
- Staff assessed needs and delivered care in line with current evidence based guidance, however guidance was not always discussed and reviewed practice-wide in order to disseminate implementation.
- Clinical audits demonstrated quality improvement; however there was not a planned programme of audits based on national and local priorities.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice around average and higher than others for several aspects of care. For example, 90% of respondents to the National GP Patient's survey said the last GP they saw or spoke

**Good**



# Summary of findings

to was good at treating them with care and concern (compared to a national average of 85%) and 97% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 90%).

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in dementia and elderly care and the care of those at risk of unplanned admissions to hospital.
- Patients said they did not always find it easy to make an appointment with a named GP. Appointments could be pre booked and urgent appointments were available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff 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 be a top quality healthcare team working with patients to enable good health, delivering accessible care and continually developing to meet new challenges. 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 a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and care.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The leadership team encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# 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

Good



The practice is rated as good for the care of older people.

The practice had a higher than national and local clinical commissioning group (CCG) average number of elderly patients with 41% over the age of 65. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned hospital admissions, dementia, nursing and residential care home support and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example the percentage of patients with diabetes in whom the last blood pressure reading is 140/80mmHg or less was lower than the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was higher than the CCG and national average.
- All the older patients had a named GP who coordinated their care.

The practice had a GP lead for elderly care.

### People with long term conditions

Good



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

The practice maintained and monitored registers of patients with long term conditions for example, cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure. These registers enabled the practice to monitor and review patients with long term conditions effectively.

# Summary of findings

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Some performance indicators for diabetes were lower than the CCG and National average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 68%. The CCG average was 86% and the national average was 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

## Families, children and young people

**Good**



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 were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively good for all standard childhood immunisations with immunisations uptake for all children aged five and under around 94%.
- 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.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was at the national average at 82%.

# Summary of findings

- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, it offered online bookings of appointments and prescription requests and offered evening appointments, telephone and Skype consultations.
- It offered early morning (from 7.30am) 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 for example NHS health checks for those aged 40 to 75 years old.

## People whose circumstances may make them vulnerable

Good



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 homeless people, those misusing substances and alcohol and those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Improvements were needed to ensure all staff were fully trained in safeguarding and related policies and procedures reflected current guidance and legislation.

# Summary of findings

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

**Good**



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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which is comparable to the national average.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months, which is above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 259 survey forms were distributed and 110 were returned. This represented 2.6% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.
- 98% say the last appointment they got was convenient compared to a national average of 92%.

- 99% had trust and confidence in the last GP they saw or spoke to, compared to a national average of 95%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were mostly positive about the standard of care received. Patient comments told us they were treated with dignity and respect, staff were kind, caring, compassionate and helpful, and they were confident with the skills of the staff.

We spoke with three patients during the inspection including one member of the patient participation group (PPG). Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The patients we spoke with and comments reviewed told us staff were caring and compassionate and that patients were treated with dignity and respect. They told us they were given time at appointments, listened to and felt valued. They said their needs were always responded to and they felt the service was excellent at this practice.

## Areas for improvement

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

- Ensure safeguarding policies and procedures reflect current guidance and legislation.
- Ensure staff are familiar with the policies and procedures, are trained and have a knowledge and understanding of safeguarding vulnerable adults and children.
- Ensure systems and processes are in place for assessing, monitoring and mitigating risks associated with general environmental risks (including control of substances hazardous to health (COSHH)), infections (including those healthcare associated), storage of vaccines and risks of unsafe management of prescription pads.
- Ensure records relating to patients are stored safely in accordance with current legislation and guidance.

- Ensure the premises are safe by making sure electrical equipment is tested and maintained.
- Ensure medical equipment used is maintained properly.

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

- Review the system for managing safety alerts and notices to include documenting action taken.
- Review and implement a system for monitoring clinical staff's professional registration status such as with the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC).
- Review the implementation of an audit programme for the practice to include prioritisation of audits according to local and national needs, legislation and guidance.

## Summary of findings

- Review the system of checking the medical emergency equipment to include documentation of such checks.
- Review the system for reviewing, implementation and dissemination of NICE guidelines.

# Dr Navaid Alam

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Dr Navaid Alam

Dr Navaid Alam is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 4,100 patients living in Wirral and is situated in a purpose built medical centre. The practice has three female GPs, three male GPs, two practice nurses, one healthcare assistant, administration and reception staff and a practice management team. It is a teaching practice and occasionally has medical students working at the practice. Dr Navaid Alam holds an Alternative Provider Medical Services (APMS) contract with NHS England and is part of the NHS Wirral Clinical Commissioning Group (CCG).

Telephone lines are open from 8am – 6.30pm Monday – Friday.

The practice is open Monday – Friday 7.30am – 6.30pm with extended hours until 8pm on Thursdays.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in an affluent area. The practice population is made up of a mostly working age and elderly population with 42% of the population aged over 65 years old. Sixty one percent of the patient population has a long standing health condition and there is a lower than national average number of unemployed patients.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hours service provider. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (GPs, practice nurse, healthcare assistant, reception and administration staff and the practice management team) and spoke with patients who used the service.
- Observed how patients were being cared for 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.'

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.

- Staff told us, and we saw evidence, of significant event, accident and incident reporting. Staff told us would inform the practice manager and/or GPs of any incidents. There was a recording form available on the practice's computer system and also in hard copy.

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).

- We found that there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and an apology.
- The practice carried out a thorough analysis of significant events including an annual review in order to identify themes and trends to ensure future risks from similar incidents are mitigated.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, new procedures were implemented for the removal of medical equipment from the practice for home visits.

Patient safety alerts were received by relevant staff however action taken was not documented. In the case of the safe use of window blinds alert, the action taken was insufficient and had not been documented or risk assessed.

### Overview of safety systems and processes

The practice had systems, processes and procedures in place to maintain safety. However some of these were not effective and required improvement. .

- Local safeguarding policies and procedures were in place. However these had not been reviewed to reflect recent changes to legislation and guidance and were out of date. Flow charts detailing what to do in the event of concerns were available in all clinical rooms and administrative areas. There was access to the local safeguarding authority's policies and procedures via the internet.
- There was a lead member of staff for safeguarding. GPs told us they would send reports when requested for safeguarding case conferences and meetings.
- Some staff demonstrated they understood their responsibilities, however not all staff had received appropriate up to date training in safeguarding of adults and children and some could not demonstrate a good knowledge and understanding of what to look for and what to do in the event of concerns.
- 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. Non clinical staff who had not been DBS checked did not act as chaperones. (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).
- We observed the premises to be clean and tidy. Cleaning schedules were in place that were monitored by the practice, however cleaning carried out by the nurses on surfaces and medical equipment in their rooms was not documented or monitored. We saw that a recent infection control audit had been undertaken by the practice with identified actions having been taken.
- One of the GPs was the infection control lead. They had received basic infection control training. There was no evidence of them liaising on a regular basis with the local infection prevention teams to keep up to date with best practice. There were infection control policies and protocols in place and staff had received update training.
- A Legionella risk assessment had not been undertaken and no measures were in place to mitigate risks associated with Legionella. The practice showed us evidence that a Legionella risk assessment was booked

## Are services safe?

to take place in the near future. (A Legionella risk assessment is a report by a competent person giving details as to how to control the risk of the legionella bacterium spreading through water and other systems in the work place).

- There was no evidence of clinical staff having documented evidence of their immunisation status against Hepatitis B. (Practices are required to ensure that staff receive the appropriate immunisations according to the roles that they undertake including staff who may have direct contact with patients' blood or blood-stained body fluids e.g. from sharps as they are at risk of Hepatitis B infection).
- The arrangements for managing medicines, including obtaining, prescribing and disposal were satisfactory. However some prescription pads were not securely stored as there was no effective system in place to audit and monitor their use. One of the vaccine storage fridges was not safe and secure as it was accessible in a patient area. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed seven personnel files and found that generally appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, and the appropriate checks through the Disclosure and Barring Service. However there was no effective system in place to monitor professional registration status for clinical staff.
- Patient records were stored on open shelves within a store cupboard and therefore not safe from potential risks of environmental damage.

### Monitoring risks to patients

Risks to patients were not well assessed or managed.

- There was a health and safety policy available with a poster in the office which did not identify the local health and safety representatives. The practice had an up to date fire risk assessment in place, however they

did not carry out and document regular fire drills. There was no evidence that electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly, however clinical equipment in some of the GPs' bags had not been calibrated or serviced to maintain its efficacy.

- The practice did not have other risk assessments in place to monitor safety of the premises such as general environmental health and safety risks, control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen available on the premises however there were no documented checks on working order and expiry dates. A first aid kit and accident book was available.
- Emergency medicines were accessible to staff and were checked for expiry dates.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- Staff had access to guidelines from NICE and there was evidence that individual clinical staff used this information to deliver care and treatment that met patients' needs. However these guidelines were not reviewed, disseminated and discussed between all clinical staff and there was no documented evidence to demonstrate implementation had been agreed across the practice. There was no evidence of monitoring of the guidelines through risk assessments or audits.

Services provided were tailored to meet patients' needs. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to all staff on opening the clinical record. For example, patients on the palliative care register or vulnerable adults and children at risk. Patients at risk of unplanned admission to hospital and attendance at A&E departments were monitored and had care plans in place to reduce the risk of an unplanned admission. This included patients living in nursing and care homes. The GPs carried out proactive and reactive visits to patients living in local nursing and care homes.

The GPs used national standards for the referral of patients for tests for health conditions, for example, patients with suspected cancers were referred to hospital however there was no system in place to monitor the referrals to ensure they had been received or that patients had attended.

### 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 had achieved 92% of the total number of points available compared to the national average of 95%.

Data from 2014/2015 showed:

Some of the performance for diabetes related indicators were below the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 57% compared to the national average of 78%.
- The practice was able to demonstrate that action they had taken had significantly improved performance for diabetic indicators in the last year. For example diabetic patients with a record of foot examination and risk classification had increased from 65% to 85% and diabetic patients with the last recorded blood pressure reading of 140/80mmHg or less had increased from 57% to 60% in the last reporting period

Performance for mental health related indicators was above the national average.

- For example: 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015).
- The practice had been identified as a higher than average prescriber of broad spectrum antibiotics (Cephalosporins or Quinolones) with the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones at 10% compared to the national average of 5%. The practice had audited and implemented procedures to address prescribing of these drugs and as a result was able to show us that prescribing had improved in the last six months.
- The practice had been identified as having a higher percentage of prescribing of hypnotics and ibuprofen and naproxen than average.
- Cervical smear screening uptake for women was at the national average of 82%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of completed clinical audits that demonstrated improvements made were implemented and monitored.
- However there was no planned programme of audits based on local, national and performance priorities.

# Are services effective?

## (for example, treatment is effective)

- Findings were used by the practice to improve services. For example, reaudits of antibiotic use for urinary tract infections demonstrated good antibiotic prescribing practice was now evident.

### 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. This had been introduced in the last 12 months and 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, in vaccinations, cervical smear taking and diabetes care.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: basic life support skills and information governance, however some training such as in safeguarding was not undertaken by all staff or at an appropriate level. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care plans, medical records and investigation and test results.
- 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs such as those in the end of their lives.

### 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.
- 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 audits.
- Written consent was obtained and recorded for minor surgical procedures such as removal of skin lesions.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant services.

The practice's uptake for the cervical screening programme was 75%, which was slightly higher than the CCG average of 73% and the national average of 74%. There was a policy to

## Are services effective?

(for example, treatment is effective)

offer telephone 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 cancer screening.

Bowel and breast cancer screening rates were higher and around the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 56% (national average 58%, CCG average 56%) and females (aged 50-70) screened for breast cancer in the last 36 months at 76% (national and CCG average 72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 91% to 100%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed 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 room to discuss their needs.

Most of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 97% 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%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

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

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- A lift to all consultation rooms and disabled accessible toilet facilities were available.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 of its patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- The practice routinely offered 15 minute appointments (usually 10 minutes).
- There were longer (double time) appointments available for patients with a learning disability and those with multiple conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Patients in nursing and care homes were routinely visited weekly and when the need arose at other times.
- Same day appointments were available for children and those patients with urgent medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. A passenger lift was available to access all consultation areas.

### Access to the service

The practice was open between 7.30am – 6.30pm Monday to Friday with extended hours on Thursdays until 8pm. Pre-bookable appointments were available that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Telephone and Skype consultations were available and online services included appointment bookings.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or better than local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 91% of patients stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 76%.

People told us on the day of the inspection that generally they were able to get appointments when they needed them however some patients we spoke to told us they had difficulty getting an appointment with a GP of their choice and some had difficulty getting through to make an appointment on the phone.

The practice had a system in place to assess:

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

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 an effective system in place for handling complaints and concerns.

- It had a complaints policy and procedures in place. However information regarding other authorities and professional bodies' people could go to if they were not satisfied following local resolution was lacking.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example on the website and in information leaflets available in the practice.

We looked at a number of complaints received in the last 12 months and found these were dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Complaints were reviewed annually to review trends and themes.

# 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 and strategy to be a top quality healthcare team working with patients to enable good health, delivering accessible care and continually developing to meet new challenges. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly reviewed.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Policies and procedures were implemented and were available to all staff, however some of these needed review and revision to reflect national guidance and legislation, for example safeguarding policy and procedures.
- There was a culture of reporting incidents without fear of recrimination. Incidents and complaints were reviewed and learning from themes and trends occurred. Learning from these was disseminated to all staff.
- An understanding of the performance of the practice was maintained
- Clinical audits were undertaken however a programme of continuous clinical and internal audit based on local and national priorities was not evident.

### Leadership and culture

Staff told us the GPs and management team at the practice were approachable and always took the time to listen to all members of staff.

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

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

- Staff told us and we saw evidence of regular clinical and governance meetings.
- Staff told us there was an open culture within the practice and they were able to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly. The practice carried out patient surveys regularly and shared findings with patients and the public.
- The practice had gathered feedback from staff through for example, staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

There was a focus on learning and improvement within the practice. Lessons learnt from incidents and complaints were shared and audits were used to improve patient outcomes.

## 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>The provider did not have effective systems in place to monitor and mitigate the risks relating to the health, safety and welfare of patients and others. In particular in relation to the risks of general environmental risks (including control of substances hazardous to health(COSHH)), infections (including those healthcare associated), storage of vaccines and the management of prescription security.</p> <p>The provider did not have effective systems in place to ensure the premises and equipment used in it were safe, including electrical safety and medical equipment maintenance and safety.</p> <p>The provider did not have an effective system in place for maintaining and storing safely paper records relating to patients.</p> <p>12(1), (2) (a) (b) (d) (e) (g) (h)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have effective systems and processes in place to prevent abuse. Staff had not all received suitable training.</p> <p>Policies and procedures for safeguarding were not up to date with current legislation and guidance.</p> <p>13 (1), (2), (3)</p>