

# Dr Dauod Yosuf Abdulrahman Shantir

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Dauod Shantir on 7 December 2016. Overall the practice is rated as Requires Improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was limited evidence that care plans for patients were being completed with all required details.
- The provider was aware of and complied with the requirements of the duty of candour.
- Patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There had been no recent annual clinical review of patients with learning disabilities.

- There was a lack of clarity surrounding responsibility of monitoring of patients on certain types of high risk medication.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- On the day of the inspection, we found out of date medicines stored in the vaccine fridge. These medicines were destroyed by the practice on the same day.
- The National GP Patient Survey revealed that the practice was performing below both CCG and national averages for several aspects of care. For example, 39% of patients stated they found it easy to get through to the surgery compared to the national average of 73%.
- Not all non-clinical staff had received a recent staff appraisal.

The areas where the provider must make improvements are:

- Ensure effective and sustainable clinical governance systems and processes are implemented to assess the quality of services provided. This must include

# Summary of findings

completed clinical audits which show improvement in patient outcomes. In addition, make renewed efforts to ensure that information contained within patient notes on the online clinical system is correct, up-to-date and complete.

- Assess the risks to the health and safety of service users receiving care and treatment in respect to the safe management of medicines. This includes the monitoring of patients on high-risk medication.
- Establish a programme of annual reviews which incorporates an assessment of the needs, care and treatment of patients with learning difficulties.

In addition the provider should:

- Identify ways to increase the practice uptake for breast and bowel screening.

- Ensure annual staff appraisals are undertaken.
- Establish a system of monitoring the usage of prescription pads.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Review the GP Patient Survey results and put a plan in place to improve patient satisfaction with services provided.
- Maintain the continued monitoring of all medicines kept at the practice, to ensure the timely disposal of relevant medicines.

**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 inadequate for providing safe services.

- Risks to patients were assessed but not always managed. On the day of inspection, the practice did not have effective processes in place to keep patients safe, for example when monitoring patients on high-risk medicines.
- When things went wrong patients 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.
- There was an effective system in place for reporting and recording significant events.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice generally kept patients safe. However, on the day of inspection, we noted that there were outdated medicines at the practice, which were destroyed during the inspection.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Whilst prescription pads within the practice were held securely, there was no record kept of the usage of these pads.

Inadequate



### Are services effective?

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

- Care plans for patients with mental health issues were not always completed fully.
- Data showed patient outcomes were comparable to the national average. For example, the percentage of patients with diabetes, on the register, who have had an influenza vaccines in the preceding 1 August to 31 March was 98% compared to the national average of 94%.
- There was limited evidence that clinical audits was driving improvement for patient outcomes.
- Staff had the skills and experience to deliver effective care and treatment.
- Not all members of staff had received a staff appraisal in the last 12 months.
- Annual reviews for patients with learning difficulties were not being conducted.

Requires improvement



# Summary of findings

## Are services caring?

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

- The practice had identified less than one percentage of their patient list as carers.
- Information for patients about the services available was easy to understand and accessible.
- Data from the national GP patient survey showed patients rated the practice below the CCG and national averages for several aspects of care.
- The practice had facilities for disabled patients as well as translation services for those who first language was not English.
- Patients said we spoke to said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

**Requires improvement**



## Are services responsive to people's needs?

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

- Patients we spoke to on the day of inspection said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet most of their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice 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.
- The practice offered extended hours clinics three times a week for patients unable to attend the practice during normal working hours.

**Requires improvement**



## Are services well-led?

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

- The practice did not have a current written business or strategy plan which reflected its vision and values.

**Requires improvement**



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The lead GP 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 had a number of policies and procedures to govern activity. There was a leadership structure and staff felt supported by the management team of the practice.
- The practice told us that its priority was to deliver quality care and promote good outcomes for patients.
- Evidence to show that clinical and internal audits were used to monitor quality and to make improvements was limited.
- The practice sought feedback from staff which it acted on. The practice currently had a Patient Participation Group (PPG) which met annually. The PPG was kept informed of issues and developments regularly by the practice.
- The practice did not act on patient feedback, as evidenced by the lack of an action plan from the practice in response to the low scores recorded as part of the National GP Patient Survey.

# 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 provider was rated as requires improvement for responsive, effective, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered longer appointments for this population group when required.
- Patients aged 75 and over had a named GP.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for responsive, effective, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the CCG average and national average of 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 patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for responsive, effective, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

**Requires improvement**



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 81% compared to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider was rated as requires improvement for responsive, effective, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone consultations.
- The practice offered extended hours surgery four times a week.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for responsive, effective, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered longer appointments for patients with a learning disability. On the day of the inspection, we could find no evidence that this group of patients received an annual review of their needs with a clinician.
- The practice 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.

Requires improvement





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice website had a second format to allow patients with dyslexia the opportunity to make use of online services.

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

The provider was rated as requires improvement for responsive, effective, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 96% of patients with schizophrenia, bipolar effective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months, which is above the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- There was little evidence that 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.

**Requires improvement**



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing below local and national averages. Three hundred and sixty six survey forms were distributed and 103 were returned. This represented approximately 2% of the practice's patient list.

- 39% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried which was the same as the CCG average of 67% and below the national average of 76%.
- 57% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. The majority of comments received stated that reception staff and the practice manager were helpful and pleasant, that the doctors care and listen to concerns as well as providing good quality treatment.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff approachable, committed and caring. The Friends and Family Test undertaken by the practice during the months June 2016 - November 2016 revealed that 57 out of 58 patients would recommend the practice.

# Dr Dauod Yosuf Abdulrahman Shantir

## 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.

## Background to Dr Dauod Yosuf Abdulrahman Shantir

Dr Dauod Shantir is located in an area which has residential housing alongside commercial shops, in Walthamstow, East London. The practice is located in a purpose built accommodation which it shares with another practice. There are bays for parking for disabled patients in the road beside the surgery and two bus stops approximately five minutes' walk from the practice.

There are approximately 5200 patients registered at the practice. Statistics shows high income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 24-44. Patients registered at the practice come from a variety of geographical and ethnic backgrounds including Asian, Western European, Eastern European and Afro Caribbean. Of the practice population, 44% have been identified as having a long-term health condition, compared with the CCG average of 50% and the national average of 54%.

Care and treatment is delivered by the lead GPs (male), one salaried GP (female) and four regular GP locum doctors (one male and three female) who between them provide approximately 24 clinical sessions weekly. There are two Practice Nurses (female) at the surgery who provide eight sessions weekly. Eight administrative/reception staff work at the practice and are led by a practice manager.

The practice is open from the following times:-

- 9am – 7:30pm (Monday)
- 9am – 7:00pm (Tuesday & Wednesday)
- 9am – 1:30pm (Thursday)
- 9am – 7:15pm (Friday)

Clinical sessions are run at the following times:-

- 9am – 1:30pm; 2:30pm – 7:30pm (Monday)
- 9am – 1:30pm; 2:30pm – 7:00pm (Tuesday & Wednesday)
- 9am – 1:30pm; (Thursday)
- 9am – 1:30pm; 2:30pm – 7:00pm (Friday)

Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP appointment outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111. The local CCG provided enhanced GP services which allowed patients at this practice to see a GP or Nurse at a neighbouring practice on a Saturday during the hours of 9am to 5pm.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services

# Detailed findings

- Family Planning

Waltham Forest Clinical Commissioning Group (CCG) is the practice's commissioning body.

Dr Dauod Shantir was inspected under our previous inspection programme in 2013. The practice was found to be compliant with CQC requirements at this time.

## 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 inspection on 7 December 2016.

During our visit we:

- Spoke with a range of staff (one GP, one practice manager, one practice nurse and two administrative staff) 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a log kept by the practice manager. There was also an incident recording form which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

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, we saw a significant event analysis report following a verbal complaint to the practice; the practice disclosed confidential information to a third party not authorised to receive such information. The verbal complaint was noted, and the patient given an apology by the practice manager. We viewed minutes of the practice staff meeting which followed this event, where the event was discussed and staff were reminded about the seriousness of a breach of patient confidentiality and to review and re-familiarise themselves with practice protocols on confidentiality.

### Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. The lead GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3. Non-clinical staff were trained to safeguarding 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 had maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead; and we saw evidence of recent liaison with the local CCG infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, and we were informed that all new employees received infection control training as part of their induction. An infection control audit had been undertaken in November 2016 by NHS England Infection Control Team, and we saw that the practice had addressed the urgent issues identified during the audit, as well as had providing a timetable to NHS England of timeframes to complete non-urgent actions.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes in place for handling repeat prescriptions including the review of high risk medicines were not easily identifiable. On the day of inspection, the inspection team was concerned that the systems to monitor patients on certain types of medicines was not effective. We viewed a number of records where the patient was under the care of both the hospital (as an out-patient) and the practice, and found that in some cases, the information contained within the patient

## Are services safe?

record was not always up-to-date. For example we viewed a record relating to a patient on a high risk medicine prescribed for persons suffering from Arthritis and found that there had been no recently blood test conducted either by the hospital or the practice to monitor the patient's condition whilst on this medicine as suggested by NICE guidelines.

- We saw evidence that the practice had carried out a recent medicines audit, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however there was no evidence that systems were in place to monitor their use. The practice had a pharmacy refrigerator to store vaccines held by the practice. This fridge was monitored and a log of temperature recording stored. However, we found a container at the bottom of this vaccine fridge with two out of date medicines. These medicines were promptly destroyed in the presence of one member of the inspection team, once they had been identified as being out of date.
- On the day of inspection, we reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and regular fire drills as part of their buildings contract with the landlord. All electrical equipment was checked to ensure the equipment was

safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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 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 did not have a defibrillator but was allowed access to a defibrillator owned by another health provider on the premises. Following the inspection, the practice agreed to purchase their own defibrillator and we saw evidence that this had been done through receipt of a copy of the invoice of purchase. Oxygen with adult and children's masks was on the premises. A first aid kit and accident book was available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice did not always deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE to use this information to deliver care and treatment that met patients' needs.
- However, we saw evidence that guidance was not always followed. For example, we viewed a record relating to a patient on a high risk medicine prescribed for persons suffering from Arthritis and found that there had been no recent blood test conducted by either the hospital or the practice to monitor the patient's condition whilst on this medicines as suggested by NICE guidelines.

### 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 (2015/2016) showed the practice achieved 99% of the total number of points available compared with the CCG and national average of 95%. The practice exception reporting rate was 12%, compared to the CCG and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/2016 QOF showed:

- Performance for diabetes related indicators were comparable to the national average. For example, The percentage of patients on the diabetes register, whose last measured cholesterol (measured within the preceding 1 April to 31 March) is 140/80mmHg was 77% compared to the CCG average of 76% and the national average of 80%.

- Performance for mental health related indicators was above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records, in the preceding 12 months was 94% compared to the CCG average of 90% and the national average of 88%.

There was limited evidence of the practice using clinical audits to make improvement in patient outcomes. Only two audits had been undertaken in the previous 24 months and none of these were two cycle audits to demonstrate how change had led to improvement.

- We looked at one audit which reviewed patients with cardiovascular disease to ascertain how many patients were currently prescribed statin medication for this condition. The practice wanted to identify the patients with this disease who had not yet embarked on a course of statins, to invite them into the practice to talk with them regarding potential benefits of taking this type of medicine. Statins are a type of medication which can help to lower cholesterol levels in the blood. During the first cycle of the audit, the practice identified 34 patients that had either stopped taking prescribed statin medication (24 patients) or had never been prescribed this type of medicine (10 patients). As a result, the practice invited all identified patients for a discussion with a clinician regarding the introduction of this medicine to help with their condition. Twenty patients (60%) responded to the invite from the practice and following discussions, were started on a course of statins. The outcome of the audit showed that 10 patients diagnosed with cardiovascular disease who had not previously taken any medication for the disease were now being treated for it.
- When we looked at the practice online clinical systems, we saw the practice had conducted an annual review of patients with learning difficulties during the last 12 months. Of the records that we looked at during the inspection, there was no record of an annual review conducted by a clinician.

### Effective staffing

Staff had the skills and experience to deliver care and treatment.



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control advice, fire safety, health and safety and confidentiality.
- Staff we spoke with on the day of inspection who administered vaccines and take samples for the cervical screening programme could evidence recent specific training which included an assessment of competence. Staff who administered vaccines could clearly demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of non-clinical staff were identified through a system of 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. All staff received ongoing support, one-to-one meetings, coaching and mentoring, and support for revalidating GPs. On the day of inspection, of the staff records we viewed, no non-clinical staff member had received an appraisal within the last 12 months. However, we did note that staff had completed a pre-appraisal form.
- All staff received training that included: safeguarding, fire safety awareness, basic life support and information governance training. Staff had access to e-learning training modules.

### Coordinating patient care and information sharing

Not all information needed to plan and deliver care and treatment was available to staff through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results. On the day of inspection, we noted that some care plans for patients with mental health issues (including dementia) had not been completed fully and in some cases vital information such as next of kin had not been entered. The practice manager told us that there had been issues regarding the migration of data from the previous clinical recording system that the practice used, to the system now in place. The practice had employed a new member of staff to look at patient's records to see that all required information was recorded. We were told

that if staff came across incomplete records whilst in contact with a patient, that they were to confirm the missing details with the patient in order to have up-to-date complete records on the system.

- We saw 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. 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.

### Consent to care and treatment

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

- Clinical 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 assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients at risk of developing a long-term condition, carers and those requiring advice on their diet, smoking and alcohol cessation.
- Dietary advice was available at the practice from the GP's and the practice nurses. Patients could also be referred to a dietician, if required. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent



# Are services effective?

(for example, treatment is effective)

for cervical screening and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice take up for breast cancer screening was 52% compared to the national average of 72%, and the take up for bowel cancer screening was 41% compared to the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74%

to 98% compared to the CCG average of 78% to 91% and the national average of 73% to 95%. Immunisation rates for vaccinations given to five year olds from ranged from 58% to 95% compared with the CCG average of 68% to 89% and the national average of 83% to 95%.

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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and 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.

All of the 26 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 three patients and three members 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 that the practice was below average for its satisfaction scores on consultations with GPs. For example:

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% national average of 95%.

- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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

Patients on the day of inspection 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 patient responded to questions about their involvement in planning and making decisions about their care and treatment were not always positive. Results were below local and national averages. For example:

- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 58% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 74% of national average of 82%.

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.
- Information leaflets were available in easy read format.
- The practice website could be translated into approximately 100 different languages.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 12 patients as carers, which equated to less 1% of the practice list. The

## Are services caring?

practice offers health checks and flu vaccines for those identified as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time to meet the family's needs and to provide them with 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. For example, the practice nursing team had started a health promotion clinic for patients who would benefit from discussions on their lifestyle choices including their diet and the amount of exercise they did. The purpose of this clinic was to engage and educate patients on their health needs as well as preventing patients developing potential long-term conditions.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered extended hours surgery four evenings a week for working patients who could attend the practice during normal opening hours.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice catered for disabled patients by having wide corridors, consultation rooms and a toilet situated on the ground floor.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was a hearing loop and translation services available. Several members of staff spoke a second language, including Polish, Arabic, Russian and Gujarati.
- The practice had a website with the facility to book appointments online. The website could be translated into a number of languages to allow patients whose first language was not English the ability to gain information about the practice. A separate format of the website was available for patients with dyslexia.

### Access to the service

The practice was open from the following times:-

- 9am – 7:30pm (Monday)
- 9am – 7:00pm (Tuesday & Wednesday)
- 9am – 1:30pm (Thursday)

- 9am – 7:15pm (Friday)

And appointments are available at the following times:-

- 9am – 1:30pm; 2:30pm – 7:30pm (Monday)
- 9am – 1:30pm; 2:30pm – 7:00pm (Tuesday & Wednesday)
- 9am – 1:30pm; (Thursday)
- 9am – 1:30pm; 2:30pm – 7:00pm (Friday)

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 79%.
- 39% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

On the day of inspection, we spoke to the practice team regarding patients not being able to access appointments in a timely fashion by telephone. The practice was aware that this was an ongoing issue, and stated that as the practice is based in a building with another GP practice, Dr Shantir's reception team spent a lot of time fielding and re-directing calls to the other practice based in the building which led to a delay in answering telephone calls. However, the practice did not have a clear strategy on what they were going to do to address this issue.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

If a patient calls the practice (when the phone lines are open) requesting an urgent appointment, the receptionists would allocate for the next available urgent appointment. If a patient calls the practice requesting a home visit, the receptionist would take the details of the patient requesting a home visit and forward on to the duty doctor to call the patient at their earliest opportunity. In cases where the urgency of need was so great that it would be

# Are services responsive to people's needs?

(for example, to feedback?)

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 in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had information placed in the waiting area informing patients what they should do if they wanted to make a complaint. This information was also in the practice patient leaflet and on the practice website.

We looked at the one complaint received by the practice in the last 12 months and found that this was dealt with in an open, transparent way and in a satisfactory manner. Lessons were learnt from individual concerns and complaints. We viewed a patient complaint about the treatment they received at the surgery, which was submitted through NHS England. The patient had made a complaint regarding the unprofessional manner of one of the clinicians. Following the receipt of the complaint from NHS England, the practice invited the complainant into the surgery to meet with the practice manager and the lead GP, in order to discuss the incident, listen to the patient's concerns and to give an apology. The patient stated that they were happy with outcome of the meeting and would not pursue the complaint any further.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice did not have a formal mission statement, but we were told by members of staff during the inspection that patient needs come first.
- The practice did not have a current business or strategy plan which reflected the vision and values.

### Governance arrangements

The practice had a framework to support the delivery of care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had a 'buddy' practice within the locality, who would provide practical assistance in the event of an emergency which prevented the practice location being able to open.
- There was limited evidence that a programme of clinical and internal audit was used to monitor quality and to make improvements.
- Whilst there were written arrangements for identifying, recording and managing risks and issues, these written arrangements were not being adhered to. For example, the practice did not have a comprehensive plan with timescales on when all patient records were to be up-to-date following issues with data migration caused by the practice changing clinical recording systems.

### Leadership and culture

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 training for all staff on communicating with patients about notifiable safety incidents. The lead GP and practice staff encouraged a culture of openness and honesty. The practice had systems in place 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.

On the day of inspection, the lead GP was not present. Another member of the clinical team present told us that the practice prioritised safe, quality and compassionate care. Staff told us the lead GP was approachable and took the time to listen to all members of staff. In addition:-

- Staff told us the practice held regular team meetings.
- 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 in doing so.
- Staff said they felt respected, valued and supported by the lead GP at the practice, and we saw evidence from the minutes of staff meetings that all staff were encouraged to discuss any suggestion they may have about how to improve and develop the services provided by the practice.

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

There was limited evidence of an overall practice approach to obtaining the views of patients and to responding in a timely way to feedback received from patients and the public. The practice could not demonstrate that they had reviewed the GP survey scores or developed a plan to manage low levels of patient satisfaction.

- The practice had gathered some feedback from patients through the patient participation group (PPG) and through feedback and complaints received. The PPG met annually and submitted proposals for improvements to the practice management team. For example, the PPG contacted the practice regarding the lack of available parking in the road adjacent to the practice as a result of permit-only parking. The practice contacted the local council with the concerns raised and as a result the council allocated a number of spaces with free parking on the adjacent road for a certain period of time for patients attending the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- On the day of the inspection, we spoke to the practice about the low scores that the practice had received as

# Are services well-led?

Requires improvement



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

part of the National GP Patient Survey. The practice was unaware of the low scores it had achieved, and as result had not put in place a plan of address to address the concerns highlighted within the survey.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.**

**The provider failed to ensure that satisfactory regular monitoring of patients on high-risk medication was taking place.**

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**The provider did not carry out collaboratively with the relevant person, an annual assessment of the needs and preference for care and treatment of patients with learning difficulties.**

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider did not do all that was required to act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving services. They failed to have a plan to address issues regarding low patient satisfaction scores highlighted in the National GP Patient Survey**

**The system of clinical governance did not ensure that the provider conducted and assessed clinical audits as a system to identify where quality improvement to patient outcomes were required.**



This section is primarily information for the provider

## Requirement notices

The provider failed to maintain complete, accurate and contemporaneous records of care plans in respect of service users.