

Dr Ajaz Nabi (Cippenham Surgery)

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ajaz Nabi (also known locally as Cippenham surgery), 261 Bath Road, Slough, SL1 5PP on 3 February 2016. Overall the practice is rated as good.

Specifically, we found the practice to require improvement for provision of effective service. It was good for providing safe, caring, responsive and well-led services.

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. The majority of information about safety was recorded, monitored and reviewed.
- Risks to patients and staff were assessed and well managed.
- Data showed patient outcomes were low for national screening programme uptake and care plans for patients experiencing poor mental health.
- We found that completed clinical audits cycles were driving positive outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with on the day informed us 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 were available and easy to understand.
- Most of the patients we spoke with on the day informed us they were able to get appointments when they needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The areas where the provider should make improvements are:

- Review the system and make improvements to promote the benefits of cervical, breast and bowel screening and flu vaccination to increase patient uptake.
- Develop and implement a clear action plan, to improve the outcomes for patients experiencing poor mental health.
- Implement a clear audit programme to drive continuous improvement and better patient outcomes.
- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- Consider patient feedback regarding reception staff, practice nurses and waiting times at the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed.
- There was an infection control protocol in place and infection control audits were undertaken regularly.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services as there are areas where it must make improvements.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average for the local Clinical Commissioning Group (CCG) and compared to the national average. For example, the practice had achieved 62% of the total Quality and Outcomes Framework (QOF) points available for diabetes, compared to 91% locally and 89% nationally.
- However, we witnessed the practice had identified 60% new diabetic patients (through proactive screening and NHS health checks promotion) in the last two years, carried out repeated audits and implemented effective diabetic care management plans.
- The practice's uptake of the national screening programme for cervical, bowel and breast cancer screening were below national average. For example, cervical screening uptake was 57%, which was below the national average of 82%.
- Flu vaccination rate for the over 65s were 66%, and at risk groups 62%, compared to national averages of 73% and 52% respectively.
- Staff assessed need and delivered care in line with current evidence based guidance.

Requires improvement



Summary of findings

- Clinical audits demonstrated quality improvement. However, clinical audits were carried out on an ad-hoc basis and there was no planned programme of future audits.
- 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 multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patient outcomes were mixed compared to others in locality for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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, the practice informed us they were trying to purchase a new site in order to meet the increasing demand and patient list size.
- The practice was offering pre-bookable and book on the day appointments, unlimited telephone consultations, and an emergency walk-in appointments every day at 11am and 5pm.
- However, most of the patients we spoke with on the day informed us they usually had to wait 30 minutes or more after their appointment time to be seen by the GPs.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, the practice was looking for a new premises in order to meet the requirements of increasing patients list size more effectively.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, the practice had not always

Good



Summary of findings

included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. Learning from complaints was shared with staff and other stakeholders.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.

Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a 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 a good governance framework which supported the delivery of the strategy and good quality care.
- The practice was aware of and complied with the requirements of the Duty of Candour. GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients aged 65 or over who received a seasonal flu vaccination was lower (66%) than the national average (73%).
- The premises were accessible to those with limited mobility. However, the front door was not automated and the practice did not provide a low level desk at the front reception.
- There was a register to manage end of life care.
- There were good working relationships with external services such as district nurses.

Good



People with long term conditions

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

- There were clinical leads for chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice was proactively screening for diabetes and identified 60% new diabetic patients in the last two years which had significantly increased the workload.
- 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.

Good



Families, children and young people

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

Good



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 patients who had a high number of A&E attendances.
- Immunisation rates were comparable for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 57%, which was lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified. For example, the practice offered extended hours appointments (Monday to Friday from 6:30pm to 8pm, and every Saturday and Sunday from 9am to 1pm) at Crosby House Surgery (funded by Prime Minister's Access Fund) as part of cluster arrangements with other local practices.
- The practice was proactive in offering online services.
- Health promotion was not monitored effectively and there was a low uptake for health screening which did not reflect the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice did not have any homeless patients or travellers.
- It offered annual health checks for patients with learning disabilities. Health checks were completed for 13 patients out of 18 patients on the learning disability register.
- Longer appointments were offered to patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



Summary of findings

- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- 41% of patients experiencing poor mental health were involved in developing their care plan in last 12 months. We saw care plans were not always agreed and signed by the patients.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Systems were in place to follow up patients who had attended accident and emergency, when experiencing mental health difficulties.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with some local average and below to the national average. There were 96 responses and a response rate of 23%.

- 60% find it easy to get through to this practice by phone compared with a CCG average of 49% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 78% and a national average of 85%.
- 67% described the overall experience of their GP practice as good compared with a CCG average of 70% and a national average of 85%.
- 60% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 61% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were mostly positive about the standard of care received. We spoke with 13 patients and two patient participation group (PPG) members during the inspection. Patients we spoke with and comments we received were mostly positive about the care and treatment offered by the GPs and nurses at the practice, which met their needs. They said staff treated them with dignity and their privacy was respected. They also said they always had enough time to discuss their medical concerns.

The patients we spoke with on the day informed us they had to wait long time (30 minutes or more) after their appointment time to be seen by the GPs.

Areas for improvement

Action the service SHOULD take to improve

- Review the system and make improvements to promote the benefits of cervical, breast and bowel screening and flu vaccination to increase patient uptake.
- Develop and implement a clear action plan, to improve the outcomes for patients experiencing poor mental health.
- Implement a clear audit programme to drive continuous improvement and better patient outcomes.
- Ensure that within response to complaints patients are given the necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- Consider patient feedback regarding reception staff, practice nurses and waiting times at the practice.

Dr Ajaz Nabi (Cippenham Surgery)

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 advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Dr Ajaz Nabi (Cippenham Surgery)

The Dr Ajaz Nabi (also known locally as Cippenham surgery) is situated in Slough. The practice is located in a converted building with limited car parking for patients and staff. Premises is accessible for patients and visitors who have difficulty managing steps. All patient services are offered on the ground and first floors. The practice comprises of three consulting rooms, one treatment room, a patient waiting area, reception office and management office (located in annexe in the garden area).

This premises was designed for 2,250 patients in 2001 and the patient list size has been significantly increased in last few years. The practice has recognised this challenge and making efforts to find a new premises in order to meet the increasing demand. At the time of inspection, the practice had a patient population of approximately 5,250 registered patients. The practice population of patients aged between 0 and 39 years is higher than national average and there are a lower number of patients over 45 years old compared to national average.

There is one principal GP and six long term locum GPs at the practice. Five GPs are male and two female. The practice employs three locum practice nurses. The practice manager and a business advisor are supported by a team of administrative and reception staff. Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated nationally between GP representatives and the NHS).

The practice is facing difficulties in recruiting a new practice nurse and relying on locum nurses to deliver the services. The practice has recognised they are required to recruit a new permanent practice nurse and actively trying since previous nurse left in October 2015, and another practice nurse left soon after due to ill health.

Services are provided from following location:

Dr Ajaz Nabi

261 Bath Road

Slough

SL1 5PP

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided during protected learning time and 30 minutes before opening time (between 8am and 8:30am) and after closing time (between 6pm and 6:30pm) by East Berkshire Primary Care service or after 6:30pm, weekends and bank holidays by calling NHS 111.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, 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

Prior to the inspection we contacted the Slough Clinical Commissioning Group (CCG), NHS England area team and local Health watch to seek their feedback about the service provided by Dr Ajaz Nabi. We also spent time reviewing information that we hold about this practice including the data provided by the practice in advance of the inspection.

The inspection team carried out an announced visit on 3 February 2016. During our visit we:

- Spoke with nine staff and 13 patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed 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 are provided for specific groups of patients and what good care looks 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 they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- We reviewed records of 13 significant events and incidents that had occurred during the last two years. There was evidence that the practice had learned from significant events and implementing change was clearly planned. For example, a patient with severe breathing problems required oxygen while waiting for ambulance which took two hours to arrive. The practice had investigated this as a significant event. The practice had revised their emergency protocol, advised all staff to follow the action plan and carried out weekly checks to monitor oxygen levels.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Significant events were a standing item on the practice meeting agenda.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs were trained to Safeguarding children level three, nurses were trained to Safeguarding children level two and both GPs and nurses had completed adult safeguarding training.
- A notice was displayed in the waiting room, advising patients that staff would act as a chaperone, if required. All staff who acted as a chaperone were trained for the role and had received a disclosure and barring check (DBS). (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We checked medicines kept in the treatment rooms, medicine refrigerators and found they were stored securely (including obtaining, prescribing, recording, handling, storing and security). Processes were in place to check medicines were within their expiry date and suitable for use. Regular medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Records showed fridge temperature checks were carried out daily. There was a policy for ensuring that medicines were kept at the required temperatures, which also described the action to take in the event of a potential failure.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Recruitment checks were carried out and the five staff files we reviewed showed that recruitment checks had been undertaken prior to employment. For example, Disclosure and Barring Service (DBS) checks, proof of identification, references, qualifications and registration with the appropriate professional body.
- Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The

Are services safe?

practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements. However, the practice was facing difficulties in recruiting a permanent full time practice nurse and was relying on locum practice nurses since October 2015. The practice was offering appointments with locum practice nurses three and half days during the week.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had an up to date fire risk assessment in place and they were carrying out fire safety checks.
- All electrical and clinical equipment was checked to ensure it was safe. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Legionella (a bacterium which can contaminate water systems in buildings) checks were carried out during a health and safety inspection, undertaken by an external

contractor. We saw an official document from an external contractor explaining the premises was not at risk of legionella and the practice was not required to carry out regular checks.

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 available on the premises and oxygen with adult mask. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). In 2014-15, the practice had achieved 85% of the total number of points available, compared to 97% locally and 94% nationally, with 4% exception reporting. The level of exception reporting was lower than the CCG average (8%) and the national average (9%). Exception reporting is the percentage of patients who would normally be monitored but had been exempted from the measures. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

Data from 2014-15 showed;

- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to 97% locally and 93% nationally.
- Performance for dementia face to face review was comparable to the CCG and national average. The practice had achieved 85% of the total number of points available, compared to 85% locally and 84% nationally.

- The percentage of patients with hypertension having regular blood pressure tests was lower than the CCG and national average. The practice had achieved 81% of the total number of points available, compared to 86% locally and 84% nationally.
- Performance for diabetes related indicators was worse than the CCG and national average. The practice had achieved 62% of the total number of points available, compared to 91% locally and 89% nationally.

The practice was aware of their low QOF scores in performance for diabetes related indicators which had impacted on overall QOF score. We saw the practice had carried out repeated diabetic clinical audits regularly since last three years. The practice had 83% Asian patient population (from Indian sub-continent) with high prevalence rates of diabetes. The practice understood the challenges in engaging with their practice population and recognised that they were required to improve the outcomes for diabetic patients. The practice had proactively diagnosed diabetes by offering regular NHS health checks (58% uptake) to all patients above 30 years old. The practice had identified additional 60% patients (and diabetic register had increased from 251 patients to 402 patients) with diabetes in the last two years. The practice had implemented comprehensive diabetes management plan and was expecting improved patient outcomes by the end of this quarter. On the day of inspection the practice had demonstrated significant improvements in diabetic patient's outcomes.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved in improving care and treatment and patient outcomes.

- The practice had carried out number of repeated clinical audits cycles. We checked four clinical audits completed in the last two years, where the improvements made were implemented and monitored. However, clinical audits were carried out on an ad-hoc basis and there was no planned programme of future audits.
- The practice participated in applicable local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw evidence of repeated audit cycle of atrial fibrillation (AF) patients (AF was a heart condition that caused an irregular and often abnormally fast heartbeat that could lead to blood clots, stroke, heart

Are services effective?

(for example, treatment is effective)

failure and other heart-related complications) not receiving anti-coagulation treatment (anticoagulants medicines were used to reduce the body's ability to form clots in the blood and prevent stroke).

- The aim of the audit was to identify and offer treatment to the AF patients who required anti-coagulation treatment. The first audit in January 2015 demonstrated that nine AF patients were not receiving anti-coagulation treatment. The practice reviewed their protocol and invited patients for medicine reviews. We saw evidence that the practice had carried out follow up audit in January 2016 which demonstrated improvements in patient outcomes and found all AF patients were either receiving anti-coagulation treatment or waiting for specialist advice.
- We found that practice had mostly carried out regular blood tests of all patients taking high risk medicines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a staff handbook for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during one-to-one meetings, appraisals, coaching, mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and adults, fire safety, basic life support, health and safety and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 patients, 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, where appropriate, recorded the outcome of the assessment.
- The provider informed us that verbal consent was taken from patients for routine examinations and minor procedures and recorded in electronic records. The provider informed us that written consent forms were completed for more complex procedures.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice.

Are services effective?

(for example, treatment is effective)

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those wishing to stop smoking. Patients were signposted to the relevant external services where necessary such as local carer support group.
- The practice was offering opportunistic smoking cessation advice and patients were signposted to a local support group.

The practice's uptake for the cervical screening programme was 57%, which was below the national average of 82%. There was a policy to offer text message reminders for patients about appointments. On the day of inspection the practice was not able to demonstrate how they monitored and encouraged uptake of the national screening programmes for bowel and breast cancer screening. In total 32% of patients eligible had undertaken bowel cancer screening and 52% of patients eligible had been screened for breast cancer, compared to the national averages of 58% and 72% respectively.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 87% to 94%, these were comparable to the CCG averages which ranged from 85% to 94%.
- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 90% to 93%, these were lower than the CCG averages which ranged from 82% to 93%.

Flu vaccination rates for the over 65s were 66%, and at risk groups 62%, compared to national averages of 73% and 52% respectively.

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 on 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; 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 45 patient CQC 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 also spoke with two 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 patients felt they were treated with compassion, dignity and respect. The practice was above or marginally below the CCG average and below the national average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and national average of 95%.
- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 74% and national average of 85%.
- 82% said the GP gave them enough time compared to the CCG average of 78% and national average of 87%.
- 79% said the GP was good at listening to them compared to the CCG average of 82% and national average of 89%.

- 68% patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and national average of 87%.
- 70% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 91%.

The two PPG members and 13 patients we spoke to on the day informed us that they were satisfied with both clinical and non-clinical staff at the practice. The practice informed us their satisfaction scores were below average due to demographic of patient population. The practice had high Asian population and expectations for prescribing antibiotics and referral were high.

The practice had organised customer service training for reception staff to improve interpersonal skills.

We saw friends and family test (FFT) results for last seven months and 94% patients were likely or extremely likely recommending this practice.

The practice had carried out an internal survey to monitor patient satisfaction in October 2015, which was completed by 100 patients. Results from the survey showed patients were satisfied with their consultations with doctors and nurses. For example:

- 96% patients said the last GP they spoke to was good at listening to them.
- 92% patients said the last nurse they spoke to was good at treating them with care and concern.
- 94% patients said they found the receptionists at the practice helpful.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed mostly patients responded positively to questions

Are services caring?

about their involvement in planning and making decisions about their care and treatment and results were mostly above CCG average and below the national average. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70% and national average of 82%.
- 67% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 85%.

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.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of 117 patients (2.23% of the practice patient population list size) who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice website also offered additional services including counselling. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This 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

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including diabetic clinics, mother and baby clinics and a family planning clinic. The practice worked closely with health visitors to ensure that patients with babies and young families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice was offering emergency walk-in appointments and unlimited telephone consultations every day.
- Patients were able to receive travel vaccinations.
- There were disabled facilities and translation services available. However, a hearing induction loop was not available.

Access to the service

The practice was open from 8:30am to 6pm Monday to Friday with the exception of every Wednesday (closed at 2pm). However, one of the practice GPs was available on call from 8am to 8:30am and 6pm to 6:30pm Monday to Friday and on Wednesday's from 2pm to 6:30pm (this out of hours service was managed internally by the practice by diverting telephone calls to a duty GP). The practice was closed on bank and public holidays and patients were advised to call NHS111 for assistance during this time. The practice offered range of scheduled appointments to patients every weekday from 8:30am to 5:30pm including open access appointments with a duty GP throughout the day.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent walk-in appointments and unlimited telephone consultations were

also available for patients that needed them. In addition, the practice offered extended hours appointments Monday to Friday from 6:30pm to 8pm, and every Saturday and Sunday from 9am to 1pm at Crosby House Surgery (funded by Prime Minister's Access Fund).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below to the CCG average and the national average. For example:

- 50% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 32% of patients said they always or almost always see or speak to the GP their preferred GP compared to the CCG average of 42% and national average of 59%.

However, the result was above the CCG average and below the national average for:

- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 49% and national average of 73%.

The practice was aware of poor national GP survey results and they had taken steps to address the issues. For example;

- The practice had introduced an online appointment system and pre-bookable GPs appointments were available to book online.
- The practice had reviewed appointment booking system and unlimited telephone consultation appointments with GPs had been introduced. The practice was also offering emergency walk-in appointments every day at 11am and 5pm.
- The two PPG members and 13 patients we spoke with on the day informed us they were mostly satisfied with appointment booking system and were able to get appointments when they needed them. However, the patients informed us they usually had to wait 30 minutes or more after their appointment time to be seen by the GPs.
- We checked the online appointment records of three GPs and noticed that the next appointments with GPs were available within two weeks. Urgent appointments with GPs or nurses were available the same day.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had carried out an internal survey in October 2015, which was completed by 100 patients. Results from the survey showed patients were satisfied with their access to care and treatment. For example:

- 92% of patients described their experience of making an appointment as easy or very easy.
- 79% of patients were satisfied with the practice's opening hours.
- 69% of patients said they always or almost always see or speak to the GP their preferred GP.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the

patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at eight complaints received in the last 12 months and found that all written complaints had been addressed in a timely manner. When an apology was required this had been issued to the patient and the practice had been open in offering complainants the opportunity to meet with either the manager or one of the GPs. We saw the practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. However, the Ombudsman details were included in complaints policy, on the practice website and a practice leaflet.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had a good governance framework which supported the delivery of the strategy and good quality 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.
- Practice specific policies were implemented and were available to all staff.
- Staff had a comprehensive understanding of the performance of the practice.
- Audits were undertaken, which were used to monitor quality and to make improvements.
- There were good arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some areas were not monitored effectively or actions taken to improve. For example, the practice's uptake of the national screening programme was below average compared to the local and national averages.
- The practice was facing difficulties in recruiting a new practice nurse and was relying on locum practice nurses.
- A principal GP had offered salaried contracts to all long term locum GPs but they preferred to work as self-employed GPs due to flexibility.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice.

Leadership and culture

The partner and GPs in the practice prioritised safe, high quality and compassionate care. They were visible in the

practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were significant safety incidents:

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

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

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys including friends and family tests and complaints received. There was an active PPG which met on a regular basis, supported patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, surgery appointment system had been reviewed, telephone consultations were introduced and chairs were changed in the waiting area following feedback from the PPG.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. For example, we saw a practice manager had completed an infection control training and was acting as an infection control lead in absence of a permanent practice nurse.