

Dr Latif Hussain

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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Latif Hussain on 4 August 2015. After the comprehensive inspection, the practice was rated as requires improvement. Improvements were required to ensure the employment of fit and proper persons.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dr Latif Hussain on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection on 18 October 2016 to check that the practice now met legal requirements. 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 report incidents and near misses. Learning was shared with staff and reported to external agencies when required.

- Required recruitment checks had been made before a member of staff was employed to work at the practice. However, the physical and mental health of newly appointed staff had not been considered.
- Effective systems had not been put in place to mitigate risks to patients who took high risk medicines.
- An overarching training matrix and policy had been put in place to monitor that all staff were up to date with their training needs and received regular appraisals.
- Patient feedback was overwhelmingly positive about the sit and wait appointment system. Data from the National Patient Survey published in July 2016 showed that 96% of respondents described their experience of making an appointment as good.
- Feedback from patients about their care was consistently positive and was reflected in the national patient survey published in July 2016.
- The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Summary of findings

secure improvements to services where these were identified. For example, the practice had carried out a re-audit of A&E attendances and shared their findings with the local CCG to inform the development of future services.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a vision which was to provide safe, effective and high quality primary care to their practice population. However, the practice did not have a supporting business plan that reflected this vision to ensure the future direction of the practice was monitored and evaluated.
- The practice had visible clinical and managerial leadership but governance and audit arrangements were not effective.

The areas where the provider must make improvement are:

- Implement a formal system to log, review, discuss and act on alerts received that may affect patient safety.
- Implement effective systems to mitigate risks to patients who take high risk medicines.
- Implement an effective system for the management of uncollected repeat prescriptions to ensure patients with long term conditions receive the treatment they require.
- Implement effective governance and audit systems to mitigate risks and improve the quality of the service provision.

- Implement a system to ensure that information is shared with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

The areas where the provider should make improvement are:

- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Mitigate risks identified in arrangements to take appropriate action in the event of a medical emergency by ensuring that all staff are aware of where the automated external defibrillator is located.
- Develop a business plan to ensure the future challenges and direction of the practice are monitored and evaluated.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by the CQC that a service has to improve within six months to avoid the CQC taking steps to cancel the provider's registration.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice's system to log, review, discuss and act on alerts received that may affect patient safety was not always effective.
- Effective systems to mitigate risks to patients who took high risk medicines had not been put in place since our previous inspection in August 2015.
- The practice had processes and practices in place to keep patients safeguarded from the risk of abuse.
- Improvements had been made to the practice's recruitment processes. Required recruitment checks had been made before a member of staff was employed to work at the practice but this did not include an assessment of their physical or mental health.
- The practice had processes in place to respond to medical emergencies and major incidents but we found gaps in the practice's arrangements.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The most recently published results showed the practice had achieved 99% of the total number of points available.
- Childhood immunisation rates for the vaccinations given were above the national average.
- Practice staff were unable to describe a structured approach to how National Institute for Health and Care Excellence (NICE) best practice guidelines and standards were disseminated, audited and actioned in a comprehensive manner.

Summary of findings

- Clinical audits had been completed in relation to some NICE guidelines however, none of these were completed audit cycles to demonstrate that audit had driven improvements to patient outcomes.
- Staff worked with health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had not shared information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- An overarching training matrix and policy had been put in place to monitor that all staff were up to date with their training needs and received regular appraisals.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 51 patients as carers (2% of the practice list) and offered them flu immunisations.
- The GP had provided his personal mobile number to the families of those approaching the end of their lives so he was easily contactable for support when the practice was closed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had carried out a re-audit of A&E attendances and shared their findings with the local Clinical Commissioning Group (CCG) to inform the development of future services.

Summary of findings

- Patients 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. This was supported by the results of the national patient survey published in July 2016.
- Patient feedback was overwhelmingly positive about the sit and wait appointment system. Data from the National Patient Survey published in July 2016 showed that 96% of respondents described their experience of making an appointment as good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

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

- The practice had a vision to provide safe, effective and high quality primary care to their practice population. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular team meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.

However:

- The practice did not have a supporting business plan to ensure the future direction and challenges to the practice were assessed, monitored and evaluated.
- The practice did not have embedded systems and processes in place to support an overarching governance framework that improved the quality and safety of their service. We identified several areas which required ongoing review. For example, the completion of clinical audit cycles to demonstrate improvements made had improved outcomes for patients.
- Some risks highlighted at our previous inspection in August 2015 had not been acted upon. For example, effective systems had not been put in place to mitigate risks to patients who took high risk medicines.

Inadequate



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 requires improvement for the care of older people. The provider was rated as requires improvement for safe and effective, inadequate in well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice provided care and treatment to over 100 patients living in care homes. These patients had received regular health and medication reviews.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over 75 years of age were invited for an over 75 health check. We saw that 77 out of 178 patients (43%) had received a health check in the first six months.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and effective, inadequate in well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff were supported by the GP in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes in all five related indicators was above the Clinical Commissioning Group (CCG) and national averages.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as

Requires improvement



Summary of findings

requires improvement for safe and effective, inadequate in well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- New mothers were offered post-natal checks and development checks for their babies.
- Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were above the national average.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe and effective, inadequate in well-led and good for caring and responsive. 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.
- Extended hours appointments were available on Monday and Wednesday between 6.30pm and 7pm for working aged patients. Telephone consultations were also available.
- 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.
- All patients between the age of 40 and 74 years of age were offered NHS health checks.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was

Requires improvement



Summary of findings

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and patients with drug related problems who received medication to help them in the management of their addiction.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- The practice informed 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.
- The GP was trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- The GP had provided his personal mobile number to the families of those approaching the end of their lives so he was easily contactable for support when the practice was closed.
- The practice had not shared information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and effective, inadequate in well-led and good for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice provided weekly visits to two care homes with a high number of patients suffering with dementia. Ninety-nine per cent
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan

Requires improvement



Summary of findings

documented in their record, in the preceding 12 months was 100%. This was above the CCG average of 87% and the national average of 88% however their exception reporting rate was 18% which was slightly higher than the CCG average of 12% and the national average of 13% meaning fewer patients had been included.

- 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 about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice was working towards becoming a dementia friendly practice.
- The GP had been approved by the Secretary of State to carry out diagnostic assessments for the compulsory admission of a person to hospital for the treatment of mental disorder under the Mental Health Act 1983.

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 above local and national averages. Three hundred and twelve survey forms were distributed and 107 were returned. This represented a 34% return rate.

- 96% of respondents found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 73%.
- 87% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 97% of respondents described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 92% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 78%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 37 comment cards of which 35 were positive about the standard of care received. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to. Patients were overwhelmingly positive about the sit and wait appointment system.

Prior to our inspection we spoke with a member of the patient participation group (PPG). They told us the practice staff were very caring, the practice management were respectful of the views of the PPG and listened and acted on their suggestions.

Areas for improvement

Action the service **MUST** take to improve

- Implement a formal system to log, review, discuss and act on alerts received that may affect patient safety.
- Implement effective systems to mitigate risks to patients who take high risk medicines.
- Implement an effective system for the management of uncollected repeat prescriptions to ensure patients with long term conditions receive the treatment they require.
- Implement effective governance and audit systems to mitigate risks and improve the quality of the service provision.
- Implement a system to ensure that information is shared with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

Action the service **SHOULD** take to improve

- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Mitigate risks identified in arrangements to take appropriate action in the event of a medical emergency by ensuring that all staff are aware of where the automated external defibrillator is located.
- Develop a business plan to ensure the future challenges and direction of the practice are monitored and evaluated.

Dr Latif Hussain

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Dr Latif Hussain

Dr Latif Hussain is registered with the Care Quality Commission (CQC) as a single handed GP practice in Newcastle, Stoke-on-Trent. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 2273 patients. The practice age distribution is in line with the national and CCG area however 5% of the practice population is aged 85 years and over. This is higher than the CCG and national averages of 2%. The percentage of patients with a long-standing health condition is 49% which is lower than the local CCG average of 57% and the national average of 54%.

The practice is open between 8.15am and 7pm Monday to Friday except Thursdays when it closes at 1pm. They provide a sit and wait surgery between 9am and 10.30am and 4.15pm and 6pm Monday to Friday. Patients can pre-book appointments Tuesday between 4.30pm and 6pm and Wednesday between 5pm and 7pm. Appointments can be booked four weeks in advance. Extended hours appointments are available on Monday and Wednesday

between 6.30pm and 7pm. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice is closed.

The practice team consists of:

- One male GP partner
- A practice nurse
- A health care assistant
- A practice manager
- Two reception and administrative staff.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations, travel vaccinations and NHS health checks. The practice is a training practice for medical students to gain experience and higher qualifications in general practice and family medicine.

Why we carried out this inspection

This inspection was carried out under Section 60 of the Health and Social Care Act 2008 to follow up from our previous comprehensive inspection at Dr Latif Hussain on 4 August 2015. At our previous inspection we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014: Fit and proper persons employed.

We took action against Dr Latif Hussain by issuing a requirement notice against Regulation 19.

Detailed findings

This inspection was to ensure that the provider had met the requirements and timescales of the requirement notice issued to them against Regulation 19 under the Health and Social Care Act 2008.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also spoke with a member of the patient participation group prior to our inspection. We carried out an announced inspection on 18 October 2016. During our inspection we:

- Spoke with a range of staff including a GP, members of the practice nursing team, the practice manager and administrative staff.
- Observed how patients were cared for.
- 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 Care Quality Commission at that time.

Are services safe?

Our findings

At our previous inspection in August 2015, the practice was rated as requires improvement in the safe domain:

- Some staff who acted as chaperones had not been provided with chaperone training. One staff member undertaking chaperone duties had not received a Disclosure and Barring Service (DBS) check. There was no risk assessment in place in respect of chaperones without a DBS check in place.
- Systems to monitor patients prescribed high risk disease modifying medicines were not always effective.
- Required recruitment checks had not always been undertaken prior to employment of new staff and locum GPs.
- There were no checks in place to annually review GP registrations with their professional bodies.

Safe track record and learning

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibilities, and the process, for reporting significant events.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded and carried out a thorough analysis of 13 significant events in the previous 12 months. When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team. Significant events were discussed as a standing item within practice and clinical meetings, or sooner if required. Where appropriate, the practice had shared concerns externally through the National Reporting and Learning System (NRLS).
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice was able to demonstrate how an event relating to an uncollected prescription for a controlled medicine had led to a change in process.

The practice's process to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA), was not always followed. We saw evidence that some of these alerts had been acted upon but found gaps where the process had not been followed. For example, a MHRA alert issued in February 2016 highlighted risks regarding the combined use of two medicines for the treatment of heart failure. A computer search had not been carried out by the practice to identify any patients who may have been receiving this combined treatment.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- All staff knew their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. All staff had received role appropriate training to nationally recognised standards. For example, the GP had attended level three training in safeguarding children. There was a lead member of staff for safeguarding. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, the policy for safeguarding vulnerable adults did not reflect updated categories or definitions of the types of abuse such as modern slavery.
- Chaperones were available when needed. All staff who acted as chaperones had received training, a Disclosure and Barring Service (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and in clinical and treatment rooms.
- The practice was visibly clean and tidy. Clinical areas had appropriate facilities to promote current Infection Prevention and Control (IPC) guidance. IPC audits had been undertaken and an action plan put in place to mitigate any risks identified. Clinical staff had received immunisations to protect them from the risk of healthcare associated infections. There was an infection control protocol in place and staff had received up to date training.

Are services safe?

- At our previous inspection we found that the required recruitment checks for staff and some locum GPs had not always been undertaken in line with current legislation prior to employment. At this inspection, we saw that a recruitment policy had been developed that outlined the legal requirements for the recruitment of all staff. We reviewed seven personnel files and found that two new members of staff had been employed since our last inspection. Appropriate recruitment checks had been undertaken prior to employment of the new members of staff and locum GPs who had worked at the practice. However, there were no processes in place to demonstrate that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role.
- Arrangements for managing emergency medicines and vaccines were in place. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

However, the arrangements for managing medicines in the practice did not always promote patient safety:

- We found that the practice had not implemented a clear monitoring protocol that defined how and when computer searches of patients receiving high risk medicines would be carried out. During our inspection we carried out a computer search of patients on a high risk disease modifying medicine. We found evidence that small numbers of patients were potentially being exposed to risk because they were overdue the required blood monitoring tests. In two cases we found this was due to medication reviews being set at a one year interval instead of the required six month interval.
- An effective system for the management of uncollected repeat prescriptions was not in place. We found a small number of prescriptions that were four months beyond their time of issue. It was unclear if patients had received the medicines they needed to manage their long term conditions.

Monitoring risks to patients

Environmental risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as emergency lighting.
- A legionella risk assessment had been carried out and regular testing for the presence of legionella and water temperature checks had been carried out. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had processes in place to respond to emergencies and major incidents but we found gaps in the practice's arrangements.

- There was a panic button in all the consultation and treatment rooms which could be used alerted staff to any emergency.
- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). However, not all staff were aware of the location of the AED. We saw that there were adult masks to administer oxygen to patients but children's masks were not available. A risk assessment had not been completed to demonstrate how children would effectively receive oxygen in the event of a medical emergency.

Are services safe?

- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and staff knew their location.

An up to date business continuity plan detailed the practice's response to unplanned events such as loss of power or water system failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff told us that they assessed patients' needs and delivered care in line with relevant and current based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, they were unable to describe a structured approach to how these guidelines and standards were disseminated, audited and actioned in a comprehensive manner. The practice showed us clinical audits they had carried out based on recommendations from NICE guidelines. These included the treatment of patients with an irregular heart rhythm and the long term monitoring of patients who developed diabetes during pregnancy. However, they were not completed audit cycles meaning it was unclear if the recommendations made had effectively improved outcomes for patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes in all five related indicators was above the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recognised limits was 88% which was higher than the CCG and national averages of 80%.
- Performance for mental health related indicators was above the CCG and national averages. For example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100%. This was above the CCG average of 87% and the national average of 88% however their exception reporting rate was 18%. This was slightly higher than the CCG average of 12% and the national average of 13%

meaning fewer patients had been included. 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.

- Ninety-nine per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average and national averages of 84%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 95%. This was above the CCG average of 86% and the national average of 90%.

At our previous inspection in August 2015, we found that the practice's A&E attendance rate was higher than the national average but the practice had not taken steps to understand and effectively manage this. At this inspection we saw that the practice had carried out a recent audit of A&E attendances. It showed that there had been 96 attendances to A&E over a two month period. Eighty-five (89%) of these attendances were considered appropriate but 32 (38%) could have been treated at a minor injuries unit if there was one available in the local area. The practice had shared their findings with the local CCG to inform the development of future services. Eleven (11%) of these attendances had been considered inappropriate and flags placed on patients records to inform the practice to discuss and educate these patients in the appropriate usage of the A&E department.

There was some evidence of quality improvement including clinical audit.

- The practice showed us three clinical audits that had been completed in the last year, however, none of these were completed audits. Although improvements had been implemented, monitoring to assess the effectiveness of the changes had not taken place. The practice told us they planned to carry out re-audits in the near future.
- Findings were used by the practice to improve services. For example, 18 patients registered with the practice had a diagnosis of transient diabetes during pregnancy recorded in their notes. NICE guidelines recommended that these patients were monitored for the development

Are services effective?

(for example, treatment is effective)

of clinical diabetes following their pregnancy. The audit showed that 11 of these patients had not received the required monitoring. These patients were contacted by the practice and appropriate screening offered.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- At our inspection in August 2015, we found that there was no overarching system or training policy in place to monitor that all staff were up to date with their training needs. At this inspection we found that a training policy and matrix had been put in place. This provided the practice with an oversight of the training staff had completed and needed to complete. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse was supported to undertake a degree level course for practice nurses.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example formal training updates and discussion at practice meetings. The practice nurse had not received training in taking samples for the cervical screening programme. The practice had an arrangement in place with a neighbouring practice to provide this service to their patients until the new practice nurse was appropriately trained and competent.
- At our previous inspection we found that not all staff had received a regular appraisal. At this inspection we found that all staff had received an appraisal in the previous 12 months. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, and facilitation and support for revalidating GPs.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice team met regularly with other professionals, including palliative care and community nurses. They discussed the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice provided us with five statements from professionals who worked with the practice, such as care home managers, a midwife and a mental health professional. All five statements demonstrated that the practice proactively worked with appropriate professionals sharing relevant information to ensure responsive and effective treatment was provided to patients.
- However, the practice had not shared information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

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. The GP was trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests. The GP had been approved by the Secretary of State to carry out diagnostic assessments for the compulsory admission of a person to hospital for the treatment of mental disorder under the Mental Health Act 1983.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- There was an up to date consent policy for staff to refer to for guidance.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant services.
- A health care assistant provided smoking cessation support within the practice. Over a 12 week period they had provided support to 16 patients. Five of these patients (31%) had continued to stop smoking.
- Patients over 75 years of age were invited for an over 75 health check. We saw that 77 out of 178 patients (43%) had received a health check in the first six months.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national

averages of 82%. This service was being provided by a neighbouring practice until the practice nurse had received appropriate training and mentoring. National Cancer Intelligence Network Data showed that 72% of women aged 50-70 years old had been screened for breast cancer in last 36 months. This was in line with the CCG average of 79% and the national average of 72%. Fifty-nine per cent of patients aged 60-69 year old had been screened for bowel cancer in last 30 months. This was in line with the CCG average of 63% and the national average of 58%.

Data from NHS England for the period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were above national average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% (national rate was 73% - 95%) and 100% for all five year old immunisation rates (national rate of 81% - 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. The practice had carried out 90 NHS health checks in the previous six months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to.

We spoke with a member of the patient participation group (PPG) prior to our inspection. They also told us the practice staff were very caring, the practice management were respectful of the views of the PPG and had listened and acted on their suggestions. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive about their involvement in decision making about the care and treatment they received. They told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care, for example, staff told us that translation services were available for patients who did not have English as a first language.

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.

Are services caring?

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 51 patients as carers (2% of the practice list) and offered them flu immunisations. Written information was available to direct carers to the various avenues of support available to them however this was not clearly displayed due to restrictions placed on the practice by the landlord of the premises.

The GP had provided his personal mobile number to the families of those approaching the end of their lives so he was easily contactable for support when the practice was closed.

Staff told us that if relatives had suffered bereavement, the GP called them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to access Dove, a local bereavement 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.

- Extended hours appointments were available on Monday and Wednesday between 6.30pm and 7pm for working age patients who could not attend during normal opening hours. Telephone consultations were also available.
- The practice held a register of patients living in vulnerable circumstances. For example, those with a learning disability and patients with drug related problems who received medication to help them in the management of their substance misuse.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided care and treatment to over 100 patients living in care homes. These patients had received regular health and medication reviews.
- The practice provided weekly visits to two care homes with a high number of patients suffering with dementia. The practice carried out advance care planning for these patients. The practice staff had joined the dementia friends scheme. The practice was in the process of becoming a dementia friendly practice working with a local dementia champion and dementia action alliance.
- The practice regularly worked with the Integrated Local Care Team (ILCT), a team that included health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.

- New mothers were offered post-natal checks and development checks for their babies.
- The practice was a single handed male GP practice. The practice had an arrangement with a neighbouring practice for any patient who wanted to be seen by a female GP.
- The practice was exploring how they could use social media to improve patient access to their service.

Access to the service

The practice was open between 8.15am and 7pm Monday to Friday except Thursdays when it closed at 1pm. It provided a sit and wait surgery between 9am and 10.30am Monday to Friday. Sit and wait appointments were also available Monday and Friday between 4.15pm and 6pm. Patients could pre-book appointments on Tuesday between 4.30pm and 6pm and Wednesday between 5pm and 7pm. Appointments could be booked four weeks in advance. Extended hours appointments were available on Monday and Wednesday between 6.30pm and 7pm. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, Staffordshire Doctors Urgent Care when the practice was closed.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 96% of respondents described their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.

Findings from the practice's own survey, carried out in September 2016, supported these findings. Forty-six out of 50 questionnaires had been received giving a response rate of 92%. Results showed that 95% of respondents were satisfied with the practice's opening hours. One patient had suggested the practice extend their appointment system to provide access to GP services over the weekend. The

Are services responsive to people's needs?

(for example, to feedback?)

practice was in discussion with the Clinical Commissioning Group (CCG) regarding the development of a hub in the Newcastle area for patients to access GP appointments at the weekend.

Comments on the patient comment cards were overwhelmingly positive about the sit and wait appointment system. They told us it enabled them to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective 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.

- 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 on the practice's website and in the practice's information booklet and complaints leaflet.

We looked at four complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely manner with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, following a complaint regarding the length of time the practice took to investigate and provide treatment to a patient who had sustained a fall, the practice had reviewed and amended their internal communication processes to reduce future delays occurring.

Are services well-led?

Inadequate 

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

Our findings

Whilst we found areas where improvements had been made, we also found areas where risks highlighted at our previous inspection in August 2015 had not been acted upon. We also found new areas of concern at this inspection. We found that governance arrangements were not supported by the necessary management infrastructure and leadership and the governance processes and systems were not operated effectively or applied consistently.

At our previous inspection in August 2015, the practice was rated as requires improvement in the well-led domain:

- There was no training policy or training matrix system in place to assure that all staff were up to date with their training needs.
- The recruitment policy was not fully implemented for the recruitment of new staff and professional registration checks had not always been carried out.
- Staff had received inductions, but had fallen behind in their regular staff appraisals.
- Systems were not in place to monitor and mitigate risks to patients prescribed a high risk disease modifying medicine.

Vision and strategy

The practice had a vision to provide safe, effective and high quality primary care to their practice population.

Staff we spoke with were aware of this vision. They told us how they related this to their practice of providing high quality care which mapped through to the positive patient feedback and higher than average satisfaction rates in the national GP patient survey published in July 2016.

However, the practice did not have a supporting business plan that reflected this vision to ensure the future direction of the practice was monitored and evaluated. The management told us of some of the future challenges to the practice, such as the building of a new housing estate near to the practice, but the impact of this had not been formally planned for.

Governance arrangements

There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific

policies were implemented and were available to all staff. Improvements in the recruitment of new staff, monitoring of staff training and professional registrations and staff appraisals had been made since our previous inspection.

Some improvements had been made since our last inspection in August 2015 however other risks highlighted at our previous inspection had not been acted upon. We also found new areas of concern at this inspection:

- The practice demonstrated a limited use of clinical audit to improve quality in some areas, and the approach to audit needed to be strengthened.
- Processes to assess, monitor and mitigate risks to patients such as the prescribing of high risk medicines and actioning of patient safety alerts were not effective.
- Effective systems and processes were not in place for the management of uncollected repeat prescriptions.
- A systematic review process of National Institute for Health and Care Excellence (NICE) that ensured patients received care in line with current evidence based guidance and standards was not in place.
- Policies had not always been reviewed to ensure they reflected current guidance, for example guidance relating to the safeguarding of vulnerable adults.
- Systems and processes for the sharing of information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan were not in place.

Leadership and culture

The GP in the practice had the capability to run the practice but was not always able to demonstrate how they ensured high quality care was being provided by all staff. They aspired to provide safe, high quality care but limited governance procedures restricted their ability to monitor and evaluate this. Staff told us the management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

Are services well-led?

Inadequate 

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

things go wrong with care and treatment). The management encouraged a culture of openness and honesty and there were systems in place to ensure that when things went wrong with care and treatment:

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

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

- 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 and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A recent survey had been carried out by the practice. Forty-six out of 50 questionnaires had been received giving a response rate of 92%. Ninety-five per cent of respondents were satisfied with the practice's opening hours and the service offered by the GP and receptionists. The practice planned to carry out a survey in November 2016 to determine patients satisfaction levels with the practice nursing service. One patient had suggested the practice extend their appointment system to provide access to GP services over the weekend. The practice was in discussion with the Clinical Commissioning Group (CCG) regarding the development of a hub in the Newcastle area for patients to access GP appointments at the weekend.
- A member of the PPG told us the practice management were respectful of the views of the PPG and listened and acted on their suggestions. For example, the PPG had expressed concerns regarding patient confidentiality around the reception desk. In response, the practice had moved the chairs further away from the reception desk so that conversations could not be overheard.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not mitigated risks identified in arrangements to take appropriate action if there was a medical emergency. Not all staff were aware of where to locate the automated external defibrillator. A risk assessment had not been completed to demonstrate how children would receive oxygen in the event of a medical emergency.</p> <p>The provider did not have processes in place to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not demonstrate that good governance processes were in place to improve the quality and safety of services provided to patients. This was in relation to:</p> <ul style="list-style-type: none">• A programme of completed clinical audits to assess and monitor quality and to make improvements.• The implementation of processes to assess, monitor and mitigate risks to patients such as the prescribing of high risk medicines and actioning of patient safety alerts for example from the Medicines and Healthcare products Regulatory Agency (MHRA).• The implementation of an effective system for the management of uncollected repeat prescriptions.• The development of a system of review that ensured patients received care in line with current evidence based guidance and standards.• The implementation of processes to ensure information was shared with the out of hours GP services for patients near the end of their lives.• The review of policies to ensure that they reflect current guidance, for example guidance relating to the safeguarding of vulnerable adults.• The introduction of a system for the sharing information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.• The development a business plan to ensure the future challenges and direction of the practice are monitored and evaluated.

This section is primarily information for the provider

Enforcement actions

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.