

Dr Nisar- Ul Haque

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Nisar- Ul Haque on 11 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report for the March 2016 inspection can be found by selecting the 'all reports' link for Dr Nisar- Ul Haque on our website at www.cqc.org.uk.

This inspection was undertaken to follow up progress made by the practice since the inspection on 11 March 2016. It was an announced comprehensive inspection on 17 January 2017. Overall the practice is now rated as good.

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

- There was an open and transparent approach to safety and an effective system was in place for reporting and recording significant events.
- Most risks to patients were generally assessed and well managed; however, some risks were not

effectively managed. For example, the practice received medical device alerts but could not evidence receipt of any drug safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA). Following the inspection the practice assured us that action had been taken improve.

- Staff spoken with demonstrated a commitment to providing a high quality service to patients. Audits were used to monitor quality and to make improvements.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- During our previous inspection in March 2016 we looked at the national GP patient survey published January 2016. The results showed the practice was below average for its satisfaction scores on some areas such as consultations with GPs and nurses.

Summary of findings

At this inspection, records we looked at showed that the practice had discussed their improvement strategy with staff and there was ongoing monitoring of this through in-house patient surveys.

- Patients could access appointments and services in a way and at a time that suited them.

There were longer appointments available for patients when needed. The practice offered urgent access appointments for children, as well as those with serious medical conditions.

- The practice was located in a purpose built health centre and had good facilities to treat patients and meet their needs. Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had an overarching governance framework to support the delivery of the strategy and good quality care. However, during our inspection we noted that governance arrangements were not always effective in some areas. For example, the system to ensure that patient specific directions (PSDs) were in place to authorise the health care assistant (HCA) to administer the flu vaccination.
- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. However, some PGDs had not been authorised by a manager. The practice manager signed these after we had highlighted this on the day of the inspection.

- 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.

The areas where the provider must make improvement are:

- Assess and mitigate any risks to the health and safety of patients in response by ensuring all patient safety alerts have been appropriately considered and actioned.
- Healthcare assistants must have a patient specific prescription or direction from a prescriber in place to administer medicines to patients.

The areas where the provider should make improvement are:

- Explore ways to promote monitoring of screening and health reviews and exception reporting is appropriate in all areas care.
- Continue to monitor improvements in areas of lower patient satisfaction as identified in the national GP patient survey.
- Update information on the practice website and leaflet to ensure accuracy and to reflect current opening arrangements.
- Operate an effective system to monitor prescriptions that have not been collected.

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. The practice had made improvements in areas identified during our previous inspection in March 2016. However, we found other areas where improvements were required.

- 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.
- The practice had systems and processes in place to keep people safe and safeguarded from abuse. Staff members we spoke with were aware of their responsibilities to raise and report concerns.
- Most risks to patients were assessed and well managed. However, the practice could not evidence receipt of any drug safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Following the inspection the practice assured us that action had been taken to receive and action all alerts.
- Notices were displayed to advise patients that a chaperone service was available if required. This was supported with a chaperone policy but this did not reflect best practice. After the inspection the practice reviewed its policy and updated staff.
- The practice nurse administered vaccines using patient group directions (PGDs). Up to date PGDs were available but were not signed by an appropriate manager in the practice. However, this was actioned on the day when it was brought to the attention of the practice manager.
- Patient specific prescription or direction (PSD) was not in place for the healthcare assistant to administer the flu vaccine. PSDs are a written instruction, from a qualified and registered prescriber for a medicine to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis.
- We observed the premises to be visibly clean and tidy. There were adequate arrangements in place to deal with emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits were carried out and they demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff had received annual appraisals and regular supervision and training support was in place.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

The practice had made improvements since our previous inspection in March 2016 in relation to the number of carers it had registered. It had also developed an action plan to improve results from the national GP patient survey.

- Data from our previous inspection in March 2016 showed the practice was below average for its satisfaction scores in some areas with regards to consultations with GPs and nurses. During this inspection we saw there had been improvements but scores were still below local and national averages. The practice had implemented a strategy to improve and was continuously monitoring this.
- During our previous inspection we found six (0.2%) of carers had been registered. At this inspection the practice had identified 25 patients as carers (1% of the practice list). The electronic screen situated in reception provided information encouraging carers to register with the practice. Carers packs were also available for them to take away. Staff were urged to identify carers and the practice offered carers health checks and flu vaccinations to encourage registration.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. Patients told us they were satisfied with the care provided by the practice and this was consistent with the feedback gathered on CQC comment cards.
- Information for patients about the services available was easy to understand and accessible.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

The practice had made improvements since our previous inspection in March 2016 in relation to monitoring the quality of service provision.

- During our previous inspection in March 2016 we noted results from the survey showed that patient' satisfaction with the practice opening hours was below local and national averages. The practice had reviewed this and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements. The practice was taking part on the CCG Primary Care Commissioning Framework (PCCF) to improve patient care and quality.
- As part of the PCCF the practice was working collaboratively with four other local practices to provide expanded services. We were told that patients were now able to see a GP on a Saturday from 9.30 to 12pm at one of the other practice. Staff from all five practices took part to provide this service. However, the practice had not informed patients by updating information on the practice leaflet and website. Following the inspection the practice had responded and we saw that the practice website had been amended.
- For convenience patients could access services such as the electrocardiographs (ECGs) at the practice. This was part of the PCCF arrangement with the CCG. However, this had not been updated on the practice website and leaflet. The practice had updated their website following the inspection.
- We noted slight improvements in the results from the GP national survey in regards to satisfaction with the practice's opening hours. The results were still below local and national averages but the improvement and monitoring was on-going.
- 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.
- The practice was located in a health centre and had good facilities to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice had received three verbal complaints and we saw evidence that learning from these were shared with staff.

Are services well-led?

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

We saw improvements had been made since our previous inspection in March 2016.

Good



Summary of findings

- The practice was proactive in ensuring improvements were being achieved in areas identified as below local and national averages in the national GP patient survey.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients which had been shared with staff. Staff members we spoke with demonstrated an awareness of the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Policies and documented protocols were well organised and available as hard copies and also on the practices computer system. Most of these protocols reflected best practice and were well embedded. However, in some areas we noted that governance arrangements were ineffective and did not reflect best practice. For example, the practice had a chaperone policy which was well embedded. However, the policy did not reflect best practice. Other areas included administration of flu vaccines by a healthcare assistant against a patient specific prescription or direction (PSD).
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had an action plan to improve areas identified in the national GP patient survey and was continually monitoring this through patient feedback. The practice patient participation group (PPG) was active and members we spoke with told us that the practice acted on their feedback.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital.
- A separate phone line was available for these patients and other high risk patients.
- Immunisations such as flu and shingles vaccines were also offered to patients at home, such as housebound patients who could not attend the practice.
- The practice was accessible to those with mobility difficulties.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. A separate telephone line was available to high risk patients.
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators was 86% compared to the CCG average of 88% and national average of 90%.
- Other long term conditions such as chronic obstructive pulmonary disease (COPD), asthma and hypertension showed patient outcomes were in line with the CCG and national averages.
- We saw evidence that multi-disciplinary team meetings took place on a regular basis.
- For convenience the practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions such as phlebotomy (blood taking) and electrocardiographs (ECGs) at the practice.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- Immunisation rates for the standard childhood immunisations were above local and national averages.
- 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 collaborated with four other surgeries and patients could access a GP at another practice on Saturdays. The practice also offered extended evening appointments from 6.30pm to 7.30pm on Wednesdays.
- Staff we spoke with demonstrated positive examples of joint working with midwives and health visitors.
- The practice was located in a purpose built health centre and was suitable for children and babies.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 83%, compared to the CCG average of 80% and national averages of 81%.

Good



Working age people (including those recently retired and students)

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

- The needs of 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.
- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice used text messaging to help remind patients of their appointments and for ease of cancelling.

Good



Summary of findings

- The practice offered extended evening appointments from 6:30pm to 7.30pm on Wednesdays to suit their working age population. The practice collaborated with four other local practices and offered Saturday appointments at another local surgery.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. Practice data highlighted that they identified and offered smoking cessation advice and support to 80% of their eligible patients.
- For accessibility, telephone consultation appointments were available with a GP.
- The practice offered a range of health promotion and screening that reflects the needs for this age group. This included NHS health checks.
- The practice had taken on an enhanced service to provide screening for tuberculosis (a bacterial infection) to migrant patients and those that had travelled to high risk areas within the last six months.

People whose circumstances may make them vulnerable

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

- Vulnerable patients were regularly seen in practice for care planning and medication reviews. The practice operated an effective recall system and individual care plans were developed to help ensure a tailored approach to care. For example, there were 14 patients registered at the practice with a learning disability, 33 with mental health as well as 40 patients with Chronic Obstructive Pulmonary Disease (COPD). The GP visited some of these patients at home, carried out reviews and administered vaccines where appropriate.
- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Staff was aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was actively trying to increase the number of carers registered with the service. The practice encouraged registration by offering access to a range of services, for example annual health checks and flu vaccinations. Data provided by the practice showed that the practice had increased the number of carers since our last inspection in March 2016.

Good



Summary of findings

- The practice offered longer appointments for vulnerable patients such as those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with other health and social care organisations in the case management of people experiencing poor mental health, including those with dementia.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the local CCG and national averages. There were three patients on the register and the exception reporting was 0%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- A mental health counsellor held weekly clinics at the surgery and patients were seen through a referral process by their GP.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages in some areas. A total of 352 survey forms were distributed and 78 (22%) were returned. This represented almost 4% of the practice's patient list.

- 51% of patients found it easy to get through to this practice by phone compared to the local CCG average of 60% and the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 85%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.

- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and the 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 27 comment cards and spoke with three members of the practice's patient participation group (PPG). Almost all the comments cards were positive about the standard of care received. All the patients we spoke with were also positive about their experience of care at the practice. They described staff as caring and said that they were treated with dignity and respect.

Areas for improvement

Action the service **MUST** take to improve

- Assess and mitigate any risks to the health and safety of patients in response by ensuring all patient safety alerts have been appropriately considered and actioned.
- Healthcare assistants must have a patient specific prescription or direction from a prescriber in place to administer medicines to patients.

Action the service **SHOULD** take to improve

- Explore ways to promote monitoring of screening and health reviews and exception reporting is appropriate in all areas care.

- Continue to monitor improvements in areas of lower patient satisfaction as identified in the national GP patient survey.
- Update information on the practice website and leaflet to ensure accuracy and to reflect current opening arrangements.
- Operate an effective system to monitor prescriptions that have not been collected.

Dr Nisar- Ul Haque

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser.

Background to Dr Nisar- Ul Haque

Dr Nisar- Ul Haque is situated on the ground floor of a purpose built health centre providing NHS services to the local community in West Bromwich, West Midlands. The practice has an approximate patient population of 2100 and is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Dr Nisar- Ul Haque is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

Based on data available from Public Health England, the levels of deprivation (deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Dr Nisar- Ul Haque are below the national average, ranked at one out of 10, with 10 being the least deprived.

The practice staffing comprises of one lead GP (male), two regular locum GPs (both male), a practice nurse, an advanced nurse practitioner and a healthcare assistant. The GP and the practice manager form the practice management team and were supported by a team of administration and reception staff.

The practice is open between 8am to 6.30pm Monday to Friday except on Thursdays when it closed at 1pm. The practice offered extended opening on Wednesdays from 6.30pm to 7.30pm. The practice collaborated with four other local practices locally to offer expanded services such as increased access. When the practice was closed on Thursday afternoons, patients were able to make an appointment at another local practice. We were told Saturday opening was also available at this site from 9.30am to 12pm and calls were automatically diverted.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by the external out of hours service provider.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017.

During our visit we:

- Spoke with a range of staff (including the practice nurse, healthcare assistant, the practice manager and the lead GP). We also spoke with members of the reception and administration team.
- We spoke with three patients who used the service and reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at a range of documents made available by the practice

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 11 March 2016, we rated the practice as requires improvement for providing safe services as the practice did not have effective systems and processes to ensure patients were kept safe. For example, prior to recruitment of staff members, disclosure and barring service checks (DBS) and proof of identity checks had not been completed.

The practice had taken action and we saw improvements had been made when we undertook a follow up inspection on 11 January 2017. However, during our most recent inspection we identified some other areas where the practice needed to make improvement. For example, the practice did not have an effective system to ensure all alerts including medicine update alerts were being appropriately received and actioned; the process to ensure the healthcare assistant to administer vaccines and medicines against a patient specific prescription or direction (PSD) needed to be further improved. Other areas included the process for ensuring effective chaperoning. The practice had taken action and assured us that effective system were now in place.

Safe track record and learning

- There was an effective system in place for reporting and recording significant events which was supported by a policy that was accessible to all staff. There was an electronic system to record and share incidents with the Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. Staff told us they would inform the practice manager who used the electronic system to document the incident and share with the CCG. We were told that the practice held a meeting on the same day if an incident was reported so that learning from the incident could be discussed and implemented. For example, the practice had documented discussions following an incident in February 2016 where no incoming calls were being received due to a fault with the practice telephony system. As a response, the practice had purchased a mobile phone so that calls could be diverted in the event this happened again.
- The practice had also carried out a trend analysis of incidents for 2016. It had identified six incidents that

were related to violent and aggressive behaviour towards staff. To reduce risk to staff, the practice manager told us that they had increased security in the reception area by installing locks on the door into the reception desk. On the day of the inspection we saw the door providing access into the reception desk was locked.

- The practice manager and the reception lead received patient safety alerts via email which were then forwarded to relevant staff. The practice showed us an alerts folder where relevant staff members had signed to acknowledge receipt. There was documented evidence that relevant staff had discussed alerts and the agreed action. For example, we saw evidence that staff had discussed an alert in regards to influenza in December 2016.
- However, we noted that almost all the alerts were related to medical devices and the practice could not evidence receipt of any drug safety alerts or updates from the Medicines and Healthcare products Regulatory Agency (MHRA). Consequently, the practice could not show us any searches carried out on the practice patient records system as a response to any medicine updates and alerts.
- On the day, the practice manager informed us that they had registered to receive MHRA alerts online. Following the inspection, the practice assured us that searches had been carried out on the patient records system for any previous relevant drug safety updates and action had been taken to address this.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff as a hardcopy as well as in electronic form. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead member of staff for safeguarding and attended safeguarding meetings when possible. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Are services safe?

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- However, some staff did not always directly oversee the examination they were chaperoning. This meant they may not be able to safeguard the best interests of the patient and staff member, and was not in line with best practice. We also found the practice policy on chaperoning did not reflect current best practice. Following the inspection the practice reviewed its policy to reflect best guidance and sent this to us. The practice had also assured us that staff members had been informed of the revised procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice was located in a health centre and the landlord organised cleaning of the surgery and ensured cleaning was being carried out according to standards. Where the practice was responsible for maintaining of cleaning such as for specific medical examination equipment we saw that a schedule was in place.
- The practice nurse was the infection control clinical 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 staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had previously carried out an infection control audit in December 2015 and we saw that the practice was in the process of completing another audit.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence that the practice was second from the lowest (CCG) in total volume prescribing of antibiotics from April 2015 to March 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Discussion of patients on high risk medicines was a standard item in the practice meeting and minutes we looked at demonstrated this. Records we looked at showed patients on high risk medicines were being managed appropriately. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- The practice had a policy in place to monitor prescriptions that had not been collected. Prescriptions were discarded if they were not collected after three months and the GP recorded this on the patient record system. However, during our inspection we saw one uncollected prescription from May 2016.
- The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs were available in the practice. However, we saw a number of PGDs that had been signed by the practice nurse, but had not been authorised by a manager. The practice manager reviewed and signed these after we had highlighted this on the day of the inspection.
- Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. PSDs are a written instruction, from a qualified and registered prescriber for a medicine to be supplied or administered to a named patient after the prescriber had assessed the patient on an individual basis. We saw appropriate PSDs were in place to administer some medicines (such as Vitamin B12) and each patient had been assessed by a prescriber. However, we were told that in addition to GPs and nurses, the healthcare assistant also administered the flu vaccine. We were shown a list of eligible patients produced for the healthcare assistant to administer the vaccines but the list had not been individually reviewed by a prescriber. The practice told us that the GP was happy for the healthcare assistant to administer the vaccine and they always sought written consent from each patient before administration of the vaccine. We informed the practice that they needed to

Are services safe?

review this as each patient needed to be reviewed and approved individually by a prescriber before administration of vaccines. The practice assured us that they would now be following appropriate process already in place for other medicines.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice was located in a health centre and the landlord was responsible for maintenance of the building. We saw evidence that a fire risk assessment and health and safety risk assessment had been carried out. The landlord also organised testing of firefighting equipment and carried out regular fire drills. Other risk assessment included control of substances hazardous to health (COSHH), infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Where the practice was responsible for maintenance of equipment, we saw that they were checked and calibrated to ensure it was in good working order. All electrical equipment was checked to ensure the equipment was safe to use. The practice held monthly team meeting and minutes of meeting we looked at showed health and safety was always discussed. Staff were asked to feedback on any health and safety issues.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for staff. The practice manager told us that all staff worked set hours but this was flexible at times of planned and unplanned leave.

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. There was a panic button in the reception and staff told us that they received support from the security guard and management when they had to deal with aggressive patients.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available with children and adult pads.
- The practice was located in a health centre and shared medical oxygen with another surgery located in the building. On the day, the oxygen cylinder was half full and the practice had not considered if one oxygen cylinder was adequate between both practices. After the inspection the practice submitted evidence that the oxygen cylinder had been refilled by specialist and a spare oxygen cylinder had been purchased.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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. The practice was collaborating with four other practices within the CCG to expand the range of services. The business continuity plan also incorporated one of these practices within the collaborative model in the event they were unable to use the building. Staff members we spoke with confirmed that they were given a copy of the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- 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. Nurse staff members we spoke with told us that they had access to NICE guidance and also used the Green Book to stay up to date.
- The practice monitored these guidelines through audits. For example, the practice had carried out audits on atrial fibrillation and NICE guidelines were used to develop the audit criteria.
- The practice made use of electronic review templates for patients with long term conditions to ensure consistency in care.
- The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission. The clinicians were responsible for management of the patients but the healthcare assistant was responsible for monitoring for unplanned admissions. The practice manager maintained and managed the register of patients identified as high risk for unplanned admission.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available. This was slightly below the local CCG average of 95% and the national average of 95%. The overall exception reporting was 7%. This was similar to the CCG average of 6% and the national average 6%. (Exception

reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was slightly below the national average. The practice achievement for diabetes indicators overall was 86% compared to the CCG average of 88% and the national average of 90%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 100%. This was above the CCG average of 93% and the national average of 89%. The exception reporting for the practice was 66% which was above the CCG average of 11% and the national average of 10%. However, there were only three patients on the register which may have contributed to the high exception reporting.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100%. This was above the CCG average of 92% and the national average of 89%. The exception reporting was 0% compared to the CCG average of 11% and the national average of 10%.
- The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face assessment in the preceding 12 months was 100%. This was above the CCG and national average of 84%. The exception reporting at 33% was above the CCG and national average of 7%. However, there were six patients on the register.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. For example, an audit of the patient record system revealed that 28 patients were recorded as having a stroke or presented with signs and symptoms of stroke. The criteria were to ensure all patients presenting with signs and symptoms of stroke had undergone an MRI or CT scan for confirmation of the condition. Out of the 28 patients, 15 (53%) had

Are services effective?

(for example, treatment is effective)

undergone an MRI or CT scan. A second audit demonstrated that the practice had made improvements as all patients (100%) had undergone a scan.

- The practice participated in local audits and benchmarking. For example, the local medicines management team carried out audits to ensure appropriate prescribing. Evidence we looked at showed that the practice was second from lowest for prescribing antibiotics by volume.

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. New staff members shadowed existing staff members to understand their roles responsibilities.
- The practice used two regular locum GPs and we did not see any evidence of an induction for them. However, there was a locum pack available which covered the above areas.
- 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.
- All staff were trained, supervised and competent to carry out their roles. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff members we spoke with told us that they had protected learning time where appointments were blocked out to ensure staff attended core and mandatory training.
- During our previous inspection the provider was unable to assure us that staff had knowledge and understanding for their roles in the absence of training. During this inspection we noted that there was a detailed staff training matrix detailing relevant training staff had attended and were due to attend. Staff were up to date with relevant training for their role.

- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Records we looked at confirmed all staff had received an appraisal within the last 12 months.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and the Green Book. The Green Book contains advice on all aspects of vaccine administration.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw examples of care plans that were developed. For example, the practice had developed 40 care plans for unplanned admissions enhanced service. We looked at the practice computer system and saw that all communication and test results from other organisation had been actioned.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had an effective system for processing of referrals with a named staff member responsible for ensuring timely referral. We were told that staff members took patients language and communication needs into account when arranging appointments with a GP. For example, the lead GP spoke four languages and could translate for some patients.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis to discuss and review patients with complex needs.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The practice used consent forms which were then scanned onto the patient record system.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The GP carried out minor surgery and written consent was obtained before a procedure was carried out. Records we looked at confirmed this.

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 such as diabetes, Chronic Obstructive Pulmonary Disease (COPD) and those requiring advice on their diet, smoking and alcohol cessation. Practice data highlighted that they identified and offered smoking cessation advice and support to 80% of their eligible patients.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using recognised methods was 91%, compared to CCG average of 88% and national average of 90%.
- The percentage of patients with diabetes, on the register, showing blood glucose levels at or below target levels was 74% compared to the local CCG average of 77% and the national average of 78%. A Diabetic Specialist Nurse and Community Diabetes Consultant held clinics for more complex cases. This was as part of the Diabetes Inpatient Care and Education (DICE) programme, a CCG funded area of enhanced care.
- Data from 2015/16 showed that the practice's uptake for the cervical screening programme was 83%, compared to the CCG average of 80% and national averages of 81%. There was a policy to offer telephone reminders for

patients who did not attend for their cervical screening test. The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening rates for 2014/15 (for last 36 months) were at 64% compared to the CCG average of 67% and the national average of 72%.
- Bowel cancer screening rates (for last 30 months) were at 35% compared to the CCG average of 46% and the national average of 58%. There were patient information leaflet available and posters were displayed in the reception area to raise awareness. Relevant staff members were advised to offer information and guidance to patients on face to face consultation and by phone. We were told that the HCA was the dedicated member of staff responsible for following up these patients.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Patients were also signposted to relevant services to provide additional support.
- The practice had a register of patients from vulnerable groups, this included 14 patients with learning disabilities and 10 had been reviewed this year. All of the 33 patients on the mental health register had received an annual review. Out of 40 patients on the COPD register, 33 had received an annual review. The GP visited some of these patients at home, carried out reviews and administered vaccinations where appropriate.
- The practice had taken on an enhanced service to offer new migrants screening for tuberculosis (TB). Patients that had travelled to at risk areas within the last six months were also offered screening.
- 2015/16 childhood immunisation rates for the vaccinations given were above local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% which was above the 90% standard

Are services effective?

(for example, treatment is effective)

target. For five year olds vaccination rates were from 36% to 71%. The CCG average for five year olds was from 86% to 94% and the national averages were from 88% to 94%.

Are services caring?

Our findings

At our previous inspection on 11 March 2016, we rated the practice as requires improvement for providing caring services as the practice had identified six patients (0.2%) of the list size as carers. Results from the national GP patient survey published January 2016 showed the practice was below average for its satisfaction scores in some areas with regards to consultations with GPs and nurses.

The practice had developed an action plan to improve. We saw that some improvements were achieved and this was ongoing.

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. The practice was based in a health centre and appropriate rooms were available. For example, there was an interview room, a recovery room as well as mother and baby room and breastfeeding room.

We received 27 Care Quality Commission patient comment cards. Almost all cards were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG) including the chair. 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.

Most recent results from the national GP patient survey (from July 2016) showed patients satisfaction scores were below local and national averages for consultations with GPs and nurses. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 76% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 80% and a national average of 85%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 86% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 60% and the national average of 87%.

A comparison between these survey results and those we had referred to at our previous inspection highlighted that the practice satisfaction scores for consultation with GP and nurses had improved in comparison to the January 2016 results.

Records we looked at showed that the practice had discussed with staff the practices improvement strategy. Staff members were told to summarise their consultation, invite questions and ask if patients were happy and needed any further clarification. We saw that the practice was conducting surveys using the questions from the national survey to monitor improvement. Patients were encouraged to complete the survey which was available on the reception desk. The plan was to continue to carry out the survey until improvements were achieved. The practice manager told us that they planned to analyse the response after they had received 50 completed surveys. We were shown an analysis that had been carried out the previous month following completion of the survey by 50 patients. We were told that overall they had not noted a significant improvement but had not seen deterioration either. However, the plan was to continue to remind staff in regards to their consultation and to continue to monitor improvement through the in-house surveys.

Care planning and involvement in decisions about care and treatment

Are services caring?

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

Results from the national GP patient survey was generally below local and national averages for questions about their involvement in planning and making decisions about their care and treatment (with both Nurses and GPs). For example:

- 67% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice had a strategy to improve and was monitoring this through ongoing patient surveys. We also noted a slight improvement from the January 2016 results (below) as reported in our previous inspection report, with the exception of the question relating to GP explanation of tests and treatments which saw a slight decrease. For example:

- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 76% and national average of 82%
- 69% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language.

We saw notices in the reception areas informing patients this service was available. We looked at the appointment system and saw that patients requiring a translator were flagged on the system to ensure a booking was made by staff.

- Some staff members in the practice were able to speak other languages spoken by patients. For example, the lead GP spoke four languages including Arabic, Punjabi and Urdu. We saw information leaflets were available in other languages and formats such as large print leaflets.

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. The electronic screen situated in reception also provided health promotion information and encouraged patients to be proactive in managing their health.

During our previous inspection in March 2016 we found that the practice had identified six patients (0.2%) of the patient population as carers. At this inspection we saw improvements had been made as the practice had identified 25 patients as carers (1% of the practice list). The electronic screen situated in reception provided information encouraging patients that were carers to register with the practice and carers packs were available. There was a carers notice board and information with supportive advice and signpost information to other services. A carers pack was available with information directing carers to the various avenues of support available to them. Minutes of meetings we looked at showed that staff were encouraged to register carers and the practice offered health checks and flu vaccinations as an incentive to carers.

Staff told us that if families had suffered bereavement, the GP contacted them and offered home visits to offer support. We were told that the GP had attended a funeral of a patient previously and this was in their appraisal.

A mental health counsellor held weekly clinics at the surgery and patients were seen through a referral process by their GP.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 March 2016, we rated the practice as requires improvement for providing responsive services. The practice had not been aware of the GP patient survey results which showed patients rated the practice below local and national averages for opening hours. Consequently no plans were in place to respond and improve service.

When we carried out this inspection we found that the practice had made arrangements to improve. The practice was working collaboratively with four other local practices to expand services and opening hours.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was taking part on the CCG Primary Care Commissioning Framework (PCCF) to improve patient care and quality.

- As part of the PCCF, the practice worked collaboratively with four other local practices to provide expanded services. Patients were now able to see a GP on a Saturday from 9.30 to 12pm at one of the other practice. Staff from all five practices took part to provide this service.
- There were no female GPs at the practice. However, if a patient wanted to see a female GP they could be referred to any of the other four practices.
- The practice offered extended opening on a Wednesday evening from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- For convenience patients could access services such as phlebotomy (blood taking), and electrocardiographs (ECGs) at the practice. The ECG service was part of the PCCF arrangement with the CCG.
- There were longer appointments available for patients with a learning disability and those requiring reviews for their long term conditions such as diabetes.
- There was a text messaging reminder in place to ensure patients attend their appointment.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GP would also administer the flu jab to relevant patients during home visits.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had a separate telephone line for patients with complex medical needs such as those with high risk of unplanned admission to accident and emergency (A&E).
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately were referred to other clinics for vaccines available privately.
- The practice was located in a purpose built health centre and was accessible for people with disabilities. There were breast feeding and baby changing facilities available.
- The practice did not have a hearing loop but had purchased one on the day. The practice submitted evidence of the purchase after the inspection.
- The practice made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient record system. Staff members also spoke some of the languages spoken by patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday except Thursdays when the practice was closed in the afternoon. However, the practice was collaborating with four other practice and calls were diverted to another practice where patients could make an appointment to see a GP. All the practices had the same patient record system which allowed easier access to patient medical records and histories.

Appointments were from 9.30am to 12pm every morning and 4pm to 6.30pm daily (Except Thursdays, but was available at another practice). Extended hours appointments were offered on a Wednesday from 6.30pm to 7.30pm. The practice worked collaboratively with four other practices and appointments were available on Saturdays from 9.30am to 12pm at another practice. In addition to pre-bookable appointments that could be booked up to six to eight weeks in advance, urgent

Are services responsive to people's needs?

(for example, to feedback?)

appointments were also available for people that needed them. Telephone consultation and emergency appointments were available towards the end of the morning surgery and in the afternoon from 4pm to 4.30pm.

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

- 63% of patients were satisfied with the practice's opening hours compared to the local CCG average of 71% and the national average of 76%.
- 51% of patients said they could get through easily to the practice by phone compared to the local CCG average of 60% and the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 85%.

The practice was aware of this and minutes of meeting we looked at demonstrated that the practice had a strategy in place to make improvements. GPs and nurses were asked to summarise their consultation and invite questions from patients. The practice was collaborating with four other local practices to offer expanded opening. Since our previous inspection in March 2016 the practice offered appointment on Saturdays mornings. Patients were also able to access appointments on Thursday (afternoons) at another practice. We were told that patients were automatically transferred when they called. However, the practice had not informed patients by updating information on the practice leaflet and website. Following the inspection the practice manager assured us that they had updated their website and practice leaflet. We saw the practice website had been updated.

We spoke with three patients who were part of the Patient Participation Group (PPG) and they told us that they could get an appointment when needed. Of the 27 CQC comment cards received, two patients raised access to an appointment as an issue but the remainder showed patients were satisfied with this. A PPG member told us

that they found it difficult to get through to the surgery by phone. The practice took on board their feedback and had changed the telephone system. It now had a call queuing and query function. With Call queuing, instead of getting an engaged tone calls are answered automatically and held in a queue and told their position in the queue. The practice also offered a separate telephone line for patients with more complex needs (high risk).

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. Patients we spoke with confirmed that they had received a home visit from a GP. Patients were able to discuss their medical condition with the GP on the telephone which allowed for an informed decision to be made on prioritisation according to clinical need.

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 in the reception waiting area.

The practice had not received any written complaints in the last twelve months. However, it had recorded three verbal complaints which were all resolved. Two of the complaints were resolved on the same day.

We were told that meetings were held after receipt of any complaints to identify learning and develop action plan to implement improvement. We saw a meeting was held in June 2016 as a result of a verbal complaint where learning had been identified and action taken.

Are services well-led?

Good 

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

Our findings

At our previous inspection on March 2016, we rated the practice as requires improvement for providing well-led services. The practice did not effectively use information such as GP patient survey results to address patient satisfaction and improve practice.

These arrangements had improved when we undertook a follow up inspection on 17 January 2017. The provider is now rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to provide the highest standard of medical services to patients and to ensure staff valued one another, as well as patients. Its vision and values were available to staff in the computer system. Minutes of meeting we looked at showed that the practice management communicated its vision and values to staff members. Staff members we spoke with knew and understood the values.

Governance arrangements

There was a clear defined staffing structure in place. For example, the practice manager was responsible for the day to day management of the practice. There was a lead reception staff member that was responsible for overseeing the reception service. They also carried out checks every morning for example, to ensure relevant consultation rooms were stocked with appropriate protective equipment such as gloves. Other staff members were responsible for review of the two weeks referral pathway and reviewing pathology tasks to ensure appropriate action was taken. Our discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to when reporting incidents or receiving complaints.

We noted that in most areas, governance and performance management arrangements were proactively reviewed and reflected best practice, for example:

- The practice had an overarching governance framework to support the delivery of the strategy and good quality care. The practice was reviewing the GP patient survey to improve patient satisfaction. We saw evidence of action taken in response to areas that were performing

below CCG and national averages. Minutes of meeting we looked at showed that clinical staff were advised to summarise their consultation and ensure patient felt satisfied. The practice was working with four other local practices to offer more services and improve opening times.

- We saw that a range of risk assessments were in place and risks to patients and staff were well monitored and mitigated.
- There was a programme of clinical audits which was used to monitor quality and to make improvements and results were circulated and discussed in the practice.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw incidents, and complaints were regularly discussed to help improve the practice.

However, in some areas we noted that governance arrangements required further strengthening and the practice was able to respond immediately to ensure its procedure reflected best practice. For example:

- The practice had a policy to monitor prescriptions that had not been collected. However, the system in place was not effective as we saw an uncollected prescription from May 2016.
- The practice had a chaperone policy which was well embedded. However, the policy did not reflect best practice. After the inspection the practice submitted evidence that the policy had been reviewed and updated.

Leadership and culture

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

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 in the practice. For example, a staff member was supported to train as a healthcare assistant after they had requested this.
- All staff were involved in discussions about how to run and develop the practice, and management encouraged all members of staff to identify opportunities to improve

Are services well-led?

Good 

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

the service delivered by the practice. For example, staff were asked to report or discuss any concerns. Minutes of meetings we looked at showed that health and safety was discussed regularly. The practice manager told us that they had purchased a duplex copier to as a result of feedback from staff.

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

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

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. The PPG met

regularly and submitted proposals for improvements to the practice management team. We spoke with three PPG members including the chair who told us that the practice listened to their feedback. For example, we were told that the practice had improved its telephone system to ensure call queuing and query function. The PPG had also raised concerns regarding repeat medicine process where the chemist had been delivering medicines no longer required. The practice manager had contacted the chemist to resolve this and was an agenda item to be discussed at the next PPG meeting scheduled for February 2017.

- The practice had discussed the outcomes of the national GP patient survey and established a plan to address areas of lower than average patient satisfaction. Staff were asked clinical staff to summarise their consultation and invite questions from patients. The national GP patient survey showed slight improvements had been achieved since our previous inspection. However, the satisfaction scores were still below local and national averages for consultation with GPs and nurses. The practice was monitoring improvement through ongoing in-house surveys using the same questions as the national GP survey. The practice had analysed surveys completed by 50 patients. The analysis revealed that further improvements were required and was continuing to monitor this so that improvements were being maintained.
- PPG members we spoke with explained that the practice discussed the NHS friends a family test results with the group.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users for example; • Ensuring effective process to give assurance that all patient safety alerts have been appropriately considered and actioned • Ensure appropriate Patient Specific Direction (PSD) is in place. This was in breach of regulation 12