Mr William Williams

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Arrival Practice on 5 April 2016. Overall the practice is 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 in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. There had been no complaints in the past year.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The practice routinely used interpreters as the majority of patients attending this practice were seeking asylum or refugees.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at below average compared to the national average. However some of the areas looked at by QOF did not relate to the work undertaken by the practice or they had no patients in some of the domains. The patient outcomes for the patient group registered in the practice were not below average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The staff also worked with specific agencies to address the needs of their client group such as asylum seekers and refugee support groups.

Are services caring?

Good

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to

achieving this. They had a good knowledge of their patient group and their ability to communicate in different languages. The practice had built up a good relationship with the interpreters who visited the practice daily.
- The practice provided a clothing bank for patients with many of the clothes donated by staff, family and friends.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- The practice staff had photographed different services, shops and support centres in the town and displayed these in the entrance to the practice. These highlighted visually to patients who did not read English where they could find support and affordable shopping.
- Data from the national GP patient survey showed patients rated the practice as average 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 displays throughout the waiting area translating information into different languages spoken by their patient group.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations established to meet the needs of refugees and those seeking asylum. Examples of these were the Housing Support provider, Health Visiting and a range of volunteer support organisations.
- The staff had been educated to understand the needs of the patient group and process and journey they have made to arrive in the country.
- Following a recent practice closure in the area the practice were now excepting non asylum seeker and refugee patients. They were trying to ensure that this group were included in the practices future development and on-going care.
- The practice worked with local agencies to ensure the patients were supported to find the help they needed which is often not a medical need. They signposted patients to language learning opportunities, education, befriending, social and volunteering opportunities within the community.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

Summary of findings

- Appointments were booked for twenty minutes where an interpreter was used and longer if required.
- All new patients registering at the practice were offered testing for a range of infectious diseases.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice staff knew how to respond quickly when issues were raised. However there had been no complaints in the last 12 months.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The management 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. The patient participation group was active and supported by interpreters who were regularly involved with the practice.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice has a small population of older people only 0.6% due to the nature of the practice population the majority were under the age of 35. However they were able to offer 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 urgent appointments for those with enhanced needs were available.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The proportion of patients on the diabetes register with a record of foot examinations in the preceding 12 months was 92% which is above the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine 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.
- All new patients were screened for infectious diseases and offered a full sexual health screening.
- The practice worked closely with the respiratory team offering a tuberculosis clinic in the practice twice a week to provide fast access to results and treatment.
- The practice makes available counselling services for patients and those undergoing screening.

Families, children and young people

Outstanding

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. The practice had identified there were a large number of women presenting at A&E and walk in centres with their children. On discussions with patients it was identified that these women were often alone and unsupported and often unable to use the 111 service due to language barriers. All patients presenting at A&E were followed up by the GP and asylum seeker health visitor to address the needs of the patient to make informed choices.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals and we saw evidence to confirm this.
- All mothers of new-borns were sent a congratulations card by the practice. The purpose of this was twofold. Many of the mothers had no one to congratulate them in this country and the card also invited the mother and baby to their first joint appointment at ten days after the birth. The babies were then registered, and mother and baby checked.
- The practice were fully aware of Female genital mutilation (FGM), also known as female genital cutting and female circumcision, which is the ritual removal of some or all of the external female genitalia. All patients were asked if they had undergone cutting and the practice recorded this in the patients notes for support and informing future patient care. The practice also raised awareness with patients that FGM was not legal in this country. All children thought to be at risk were discussed with the practice safeguarding lead, referred to the asylum seeker health visitor and local authority safeguarding team.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- On registering with the practice all women were offered a sexual health screening, contraception advice and cervical smear.
- We saw positive examples of joint working with midwives, health visitors and school nurses in particular the dedicated health visitor for asylum seekers.
- The practice also raised with parents what was acceptable punishment of children in this country.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- The majority of patients were not working due to their legal status in the country which does not allow them to work whilst they were seeking asylum. Only 21% of the practice population were in paid work or full-time education.
- The needs of the working age population, those recently retired and students were offered services to ensure were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this population group. The majority of the population did not have access to a computer however they had good access to a range of information in the practice.

People whose circumstances may make them vulnerable

Good

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

- The majority of the practice population were living in vulnerable circumstances including those seeking asylum, refugees and those with a learning disability.

The practice recognised that refugees and vulnerable migrants may be subjected to hostility, racism, social deprivation and marginalisation. The isolation, loneliness and missing of their family members and friends were common. Patients also suffered from low self-esteem and a loss of status. The practice regularly worked with other health care professionals in the case management of vulnerable patients. Examples of these were navigation workers who worked with asylum seekers and refugees to help them access services, make informed choices, improve their mental and physical health, access counselling services, make social contacts and generally feel more positive about themselves.

- The practice offered longer appointments for patients with learning disabilities. 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 practice displayed information and posters directing patients to where they would find services and support such as the food and clothing banks.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (there was only one person with dementia registered in the practice.) The majority of the patients registered suffered from conditions not listed or measured by QOF. Examples of these were the high proportion of anxiety, depression, survivor's guilt, torture and post-traumatic stress.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. We saw the practice had recently managed to access further counselling services in the practice increasing the availability from one day per week to three days per week. This had helped reduce waiting times for counselling in the practice.
- 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. All patients were followed by the GP as soon as possible.
- Staff had a good understanding of how to support patients with mental health needs.

  The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in

  the record, in the preceding 12 months was 100% compared to national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was a 100% compared to the national average of 89%.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 350 survey forms were distributed and 92 were returned. This represented a return rate of 26% and equated to 5.2 % of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the (CCG) average 71% and the national average 73%.
- 76% 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 84% and the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 74% and the national average of 73%.
- 64% 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 77% 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 28 comment cards which were all positive about the standard of care received. However one patient was unhappy with accessing appointments and not receiving a referral they felt they required. Patients told us all the staff were professional, caring and treated them with respect. They also told us the practice was clean and they always felt supported and listened to by the staff.

We spoke with six patients during the inspection and three interpreters who worked in the practice on a regular basis. All patients and the interpreters said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us they felt staff went over and above what was needed to meet their needs and support them during this difficult time in their lives.

Mr William Williams

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 and a practice nurse specialist adviser.

Background to Mr William Williams

The Arrival Practice is the name under which the practice operated by Mr William Williams delivers services. The Arrival Practice is near the centre of Stockton based in Endurance House, Clarence Street,Stockton On Tees, Cleveland. The practice is situated on the first floor of a purpose built medical centre which also has a pharmacy. There are parking spaces available for patients and staff. There are 1600 patients on the practice list of which 800 patients are asylum seekers, 700 having refugee status and 100 patients being mainstream patients. Following the closure of a nearby practice mainstream patients were given the option of registering with this previous specialist practice. The proportion of patients under the age of 18 years is 50.2% which is above the national average; the majority of patients were under 65 with only 0.6% over 65 years. The practice is in one in the most deprived areas of Stockton. People living in more deprived areas tend to have greater need for health services. Due to the nature of the patient population there is a large turnover of patients making continuity of care difficult and affecting QOF results. We were told that many patients move on to different areas or their applications to stay in the country have been unsuccessful. The practice is fully aware of the processes patients go through when seeking asylum and the affect this has on patient's health. The practice aimed to provide trust and respect while working in partnership with their patients, supporting and guiding them to make appropriate decisions that will maintain their health and improve their wellbeing. The practice works closely with a range of services and organisations to meet the needs of their population groups.

There are two salaried GPs, both female, and one long term locum GP male. There are three practice nurses all female who all work part time. There is an overall manager, and a practice manager supported by reception, medicines management, and other administration staff. The practice is open from 8.30am to 6pm, Monday to Friday. Appointments are available during these times.

The practice does not provide extended hours. We saw that appointments can be booked by walking into the practice, online and by the telephone. However the majority of patients do not have access to the equipment required to book online appointments. The practice did not use a telephone triage system due to the language barriers and the majority of patients visiting the practice required a translator. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern Doctors Urgent Care via the NHS 111 service. The practice has a General Medical Service (GMS) contract, previously having a specialist contract that was recently reviewed. Patients who do not speak English found using the 111 service difficult and often presented at A&E or the walk in centres.

There are good links to public transport. However the majority of the patients do not have the funds available to use public transport or have their own transport. The practice were able to send text confirmation of appointments and requests for them to contact the practice.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 April 2016 During our visit we:

- Spoke with a range of staff, GPs, practice nurses, managers, reception and administration staff and spoke with patients with the assistance of interpreters who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, ensuring the health information received from the United Kingdom Visa and Immigration agency about the patient is checked and correct.

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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We saw that there was a good understanding of Female Genital Mutilation (FGM) and staff were aware and vigilant in monitoring of the risks to children. The practice provided examples of where they had effectively dealt with this.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and worked with the practice manager to maintain infection control in the 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 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. 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. 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 PGD is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment for those staff employed since the practice joined CQC. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Good

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical and clinical equipment was checked to ensure the equipment was safe to use and working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us they provided cover for each other during sickness and holidays. The practice used long term locums and the nurse had developed an information pack to assist locum nurses who provided cover during their absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.

Good

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 87% of the total number of QOF points available had been achieved with 14% exception reporting. The exception rate was 4% above the CCG average and 6% above the national average. (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). This practice was an outlier for QOF (or other national) clinical targets. There were several domains where the practice had no or few patients at all as the focus in QOF is largely on chronic disease which is predominantly in the older population. In 2014/2015 there were 23 patients out of 1487 registered at the time that were above the age of 55. The domains where there was zero exception rate are also those where they had no patients such as dementia. As an example, the mental health exception rate was 30% in 2014/15. The practice told us generally they have up to 10 patients in the Mental Health domain. An exception rate of 30% represents 3 patients excepted. Patients registered in the last 3 months were automatically excluded as are those of patients diagnosed in the last 3 months. The practice has a policy of not manually exempting without discussion between clinical and management staff and excluding only occurs in exceptional circumstances.

We discussed this with the practice and they told us they were aware of this and was attributed to their unique patient group as patients often moved on quickly sometimes without informing the practice which did not allow patients to be followed up. The population groups were also different in this practice from other practices showing a large proportion of young people and very few people who were older or in their middle years. The practice also undertook care and services not included in QOF. Examples of these were detailed examination and screening of new patients.

- The percentage of patients with hypertension having regular blood pressure tests was 98.5% which was 0.7% above as the national average and 0.5% above the CCG average.
- The percentage of patients with depression receiving regular review was 100% which was 3.2% above the CCG average and 7.7% above the national average.

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.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example the review of all patients with vitamin D deficiency. There was now a new Read Code available for Vitamin D insufficiency allowing the practice to code patients appropriately. The prescribing of locum GPs was also being monitored and with the help of the pharmacist, guidance was provided to ensure the correct treatment was issued. The practice was also considering the possibility of paediatric prescribing without hospital referral in the future. The Royal College of Paediatrics and Child Health recently published a guideline which the practice was considering adopting.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by accessing online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and 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 shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those newly arrived into the country. Smoking cessation advice was available from staff in the practice.

The practice's uptake for the cervical screening programme was 82%, which was equal to the national average of 82%. The patients registering with the practice were offered full sexual health screening which for women including cervical screening. They ensured a female sample taker was available and information was available in other languages. The practice also encouraged its patients to attend national screening programmes for bowel and breast

Good

Are services effective?

(for example, treatment is effective)

cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were not comparable to CCG/national averages due to the nature of the practice. As the majority of patients were those seeking asylum or refugees there were limited or no immunisation records available for patients before they came to the practice and many moved on before completion of the immunisation programme. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 57.6%% to 90%. The practice had in place effective systems to ensure as many children had access to childhood immunisation.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. All appointment times were longer to allow for the use of interpreters and provide more time for this vulnerable patient group.

- 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 worked closely with the interpreters to assist patients with communicating issues and concerns.

All of the 27 patient CQC comment cards (barring one) we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We saw the practice also provided other services. For example every few months the practice hosted and supervised a place where clothing donated to the practice could be offered to patients. The PPG had made suggestions as to how this process should be managed to allow patients equal access.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with local and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% 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%.
- 79% 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%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average 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%.

We discussed some of the above results with the GPs and practice manager. They told us that although the appointments for patients were longer than usual that patients often arrived with multiple problems which were not always clinical issues but often related to their status. The practice tried to address the clinical issues and access the appropriate support for the individuals for non-clinical issues. The practice had in-house counselling services available and a navigation worker who helped patients access other services and support in the community. The GP patient survey results did not correlate with the feedback from patients which was very complimentary about the care and support they received.

Care planning and involvement in decisions about care and treatment

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

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

Good

Are services caring?

- 84% 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%.
- 77% of patients said the last GP they saw was good at involving them in decisions compared to the CCG average of 84% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions compared to the CCG 89% and the national average of 85%.

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

- Translation services were available for patients who did not have English as a first language which meant that the majority of patient consultations were undertaken using interpreters. Notices were displayed in the reception areas informing patients this service was available and multiple information about the practice and other available services displayed was this in other languages so they could understand the notice
- Information leaflets were available in easy read format and other languages. The practice also displayed photographs and maps explaining to patients where they could find services and cheap shopping in the town.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified only one patient who was a carer on the current practice list. Written and visual information was available for patients in different languages outlining the support available

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

All mothers of new-borns were sent a congratulations card by the practice. The purpose of this was twofold. Many of the mothers had no one to congratulate them in this country and the card also invited the mother and baby to their first joint appointment at ten days after the birth. The babies were then registered, and mother and baby checked. The practice also raised with parents what was acceptable punishment of children in this country.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice did not offer any extended hours in the practice and the majority of the practice population did not work.
- There were longer appointments available for patients with a learning disability. However there was only one patient on the practice list with a learning disability. All appointments in the practice were longer, usually 20 minutes, as the majority of patients required an interpreter.
- All new patients were screened for infectious diseases and offered a full sexual health screening.
- The practice worked closely with the respiratory team offering a tuberculosis clinic in the practice twice a week to provide fast access to results and treatment.
- If needed, 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- The practice had a lift installed as the practice was on the first floor. In the event of problems relating to the lift the practice was able to access consulting rooms on the ground floor.
- The practice had previously had difficulties accessing the crisis team. The reason for this was that the client group did not meet the crisis team's criteria. The GPs held a meeting with the crisis team explaining the unique needs and circumstances of their patient group. Following the meeting access has been improved to the crisis team.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 9am to 12.30pm every morning and 1.30pm to 5pm daily. There were no extended hours provided by the practice however they tried to be flexible to the needs of patients. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. At the time of the inspection pre bookable appointments were available later that week.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.

People told us on the day of the inspection that they were able 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 and staff were available to explain the procedure.

The practice had not received any complaints in the last 12 months. However staff were aware of the process and we saw previous exmples of were the practice had dealt effectively with complaints.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting area and was translated into other languages for patients and visitors to the practice. The staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values. These were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place which ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The management team in the practice demonstrated they had the experience, capacity and capability to run the practice and to ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management team was approachable and always took the time to listen to all members of staff.

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

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

There was a clear leadership structure in place and staff felt supported by 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, particularly by the managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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, discussed issues raised by the practice and proposals for improvements to the practice management team. For example, raising awareness about services available to support those seeking asylum and refugees visiting the practice. Examples of these were English classes and encouraging patients to recognise the skills they had and volunteering at one of the many centres for this population group. The practice had also
- The practice had gathered feedback from staff through regular meetings. As the practice was small it made

Are services well-led?

Good

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

communication with staff easy and staff were able to share their ideas, concerns and views with the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of these were reducing the number of attendees at Accident and Emergency and reducing unplanned hospital admissions.

This section is primarily information for the provider

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.