

# Dr Ghadeer Hamad

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ghadeer Hamad's practice on 20 September 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 generally assessed and well managed. However we saw no evidence that all staff had received up to date training in infection prevention and control and infection control audits had not been undertaken.
- Blank prescriptions were securely stored although there was no monitoring of loose prescriptions.

- The practice assessed risks associated with the premises well although there was no electrical safety certificate for the building. Following our inspection, we saw evidence that a visit had been arranged to perform the necessary electrical safety checks.
- The practice had medications and equipment in place to respond to emergencies and major incidents, however, we noted that the portable oxygen cylinder was out of date and the remaining two oxygen cylinders were less than half-full.
- 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.
- Update training for clinical staff was out of date in the areas of cervical cytology, vaccinations and immunisations and family planning. The practice told us that they were currently attempting to address this.
- The information needed to plan and deliver care and treatment was largely available to relevant staff in a timely and accessible way. However, it had been

# Summary of findings

agreed that administration staff could remove some patient blood test results that were within normal ranges including liver and thyroid function tests. This was done without a written practice protocol.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff sought patients' consent to care and treatment mostly in line with legislation and guidance, although only verbal consent was obtained and recorded for all contraceptive implants not written consent as required.
- Improvements were made to the quality of care as a result of complaints and concerns. The practice had a complaints policy but it was not easily available to all staff. There was also no complaints poster or leaflet available in the practice waiting area for patients. The practice told us that they would ensure that a poster was displayed following our visit.
- 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 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.

The areas where the provider must make improvement are:

- Ensure that all patient test results are viewed by a suitably qualified clinician.
- Ensure that clinical staff receive appropriate update training as is necessary to enable them to carry out their duties effectively.

The areas where the provider should make improvement are:

- Obtain and record written patient consent for contraceptive implants in line with current guidance.
- The practice should minimise the risks that may be associated with the security of blank prescription forms.
- Improve the availability and management of oxygen cylinders for emergency use. Obtain a current building electrical safety certificate.
- Carry out infection control audit activity to demonstrate compliance with practice infection control policy and procedure and provide regular full infection control training to staff.
- Make information easily available for patients and staff regarding the practice complaints procedure.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 generally assessed and well managed. New staff were instructed in hand washing techniques, however we saw no evidence that all staff had received up to date training in infection prevention and control and infection control audits had not been undertaken.
- Blank prescriptions were securely stored although there was no monitoring of loose prescriptions.
- The practice assessed risks associated with the premises well although there was no electrical safety certificate for the building. Following our inspection, we saw evidence that a visit had been arranged to perform the necessary electrical safety checks.
- The practice had medications and equipment in place to respond to emergencies and major incidents, however, we noted that the portable oxygen cylinder was out of date and the remaining two oxygen cylinders were less than half full.

### Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we saw that update training for clinical staff was out of date in the areas of cervical cytology, vaccinations and immunisations and family planning. The practice told us that they were currently attempting to address this.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The information needed to plan and deliver care and treatment was largely available to relevant staff in a timely and accessible way. However, it had been agreed that administration staff could remove some patient blood test results that were within normal ranges including liver and thyroid function tests. This was done without a written practice protocol but with the knowledge of management.
- Staff sought patients' consent to care and treatment mostly in line with legislation and guidance although verbal consent was obtained and recorded for all contraceptive implants not written consent as would have been expected.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care. Many survey results were lower than local and national averages but all of the evidence that we collected was very positive with no negative comments expressed.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services

# Summary of findings

where these were identified. The practice was currently working with neighbouring practices and the CCG to plan service provision on Thursday afternoons and to shape the provision of treatment room services and phlebotomy in the local area.

- 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 offered an open surgery on a Monday morning and patients told us that they valued this service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a complaints policy available in the practice but it was not easily available to all staff. There was also no complaints poster or leaflet available in the practice waiting area for patients. The practice told us that they would ensure that a poster was displayed following our visit.
- Evidence showed the practice responded quickly to patient complaints. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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 governance meetings.
- The practice employed suitably qualified clinical staff for their roles, however, staff update training had not been provided in a timely manner.
- There was a 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 partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older 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.
- The principal GP reviewed care plans for all patients with complex needs when they were discharged from hospital and visited them if appropriate.
- The practice supported the national bowel screening service. It contacted all patients who had failed to take up the first invitation to participate in the programme to encourage them to participate.
- The practice said that they tried to provide a personal service and would go out of their way to help if needed. We were told of incidents when staff delivered prescriptions to patients' homes when they were unable to come to the practice.

### 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.
- Performance for diabetes related indicators was comparable to local and national averages. The percentage of diabetic patients with blood pressure readings within recommended levels was 80% compared to the local average of 80% and national average of 78%.
- The practice worked closely with the medicines management team from the clinical commissioning group and provided data through audits to improve the quality of prescribing.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- A podiatrist visited the practice twice a month to carry out foot screening for diabetic patients.

## Families, children and young people

The practice is rated as good 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 for children aged two and five years were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was lower than the local average of 85% and the national average of 82%. The practice encouraged uptake of this screening with letters and telephone calls.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All parents or guardians calling with concerns about a child were offered a same day appointment.
- We saw positive examples of joint working with midwives, health visitors and school nurses. A midwife visited the practice every other week to provide ante natal services.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health checks were available for those patients aged between 40 and 74 years of age.
- From the national GP patient survey, 84% of patients were satisfied with the ease of getting through to the practice by telephone which was higher than the local average of 70% and national average of 73%.

Good





# Summary of findings

- The practice offered telephone appointments for those patients unable to attend in person and whose needs could be met in this way.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- One staff member had produced over 50 flash cards for the GP to use during consultations for any patient who had a learning difficulty.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Alerts were put on patient records for those patients who had difficulty in contacting the practice early in the morning for an appointment to allow them to be seen urgently if necessary.
- The surgery had a guide dog policy to allow patients who were visually impaired access to the practice with their assistance dog.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

Good



- 81% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was lower than the local average of 88% and the national average of 84%.
- 98% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record; higher than the local average of 94% and national average of 90%.

# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had received training in dementia care.

# 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 in line with local and national averages. There were 279 survey forms distributed and 112 forms returned (40%). This represented 3.4% of the practice's patient list.

- 92% of patients found the receptionists at this surgery helpful compared to the local average of 88% and national average of 87%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 88% and national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the local average of 89% and national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and 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 26 comment cards which were all positive about the standard of care received. Patients said that staff were kind, helpful and professional and said that they received an excellent service from the practice. Patients also praised the personal touch that they felt that the practice provided and said that they never felt rushed during consultations.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We saw results from the Friends and Family Test (FFT) for the months of July and August 2016. There were 32 patient responses of which 31 said that they were extremely likely or likely to recommend the practice to others (97%).

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that all patient test results are viewed by a suitably qualified clinician.
- Ensure that clinical staff receive appropriate update training as is necessary to enable them to carry out their duties effectively.

### Action the service **SHOULD** take to improve

- Obtain and record written patient consent for contraceptive implants in line with current guidance.
- The practice should minimise the risks that may be associated with the security of blank prescription forms.

- Improve the availability and management of oxygen cylinders for emergency use. Obtain a current building electrical safety certificate.
- Carry out infection control audit activity to demonstrate compliance with practice infection control policy and procedure and provide regular full infection control training to staff.
- Make information easily available for patients and staff regarding the practice complaints procedure.

# Dr Ghadeer Hamad

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to Dr Ghadeer Hamad

Dr Ghadeer Hamad's practice otherwise known as The Preston Road Surgery is situated on the main A6 at 652 Preston Road in the Clayton-le-Woods area of Chorley, PR6 7EH. The building is single-storey and was originally built in the early 1930's as a residential home. The practice was refurbished and turned into a surgery in 1982. It has had three extensions to the building and provides patient facilities of a waiting area and four treatment and consulting rooms. The practice provides level access for patients to the building with disabled facilities available.

There is parking provided for the practice at the rear of the property and the practice is close to public transport.

The practice is part of the Chorley with South Ribble Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS).

There is one female GP partner and two male long-term locum GPs assisted by one clinical nurse practitioner and one healthcare assistant. A practice manager and assistant practice manager together with five administrative and reception staff also support the practice.

The practice is open from Monday to Friday 8am to 6.30pm and extended hours are offered on Saturday from 9am to 12noon. Doors are open to patients from 8.15am to 6pm and appointments are offered every day from 9am to

11.30am and from 3.30pm to 5.30pm except Thursdays when the surgery is open but there is no bookable afternoon surgery. On a Monday morning, the practice offers an open surgery between 9am and 10.30am in place of the bookable appointments. When the practice is closed, patients are able to access out of hours services offered locally by the provider Chorley Medics by telephoning 111.

The practice provides services to 3,256 patients. There are higher numbers of patients aged between 45 and 65 years of age (32%) than the national average (25%) and fewer numbers of patients aged over 65 years of age (15%) than the national average (17%).

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is slightly lower than the local and national average, 81 years for females compared to 83 years nationally and 78 years for males compared to 79 years nationally.

The practice has a higher proportion of patients experiencing a long-standing health condition than average practices (62% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is higher (67%) than the local and national average of 62% and unemployment figures, 3%, are the same as the local average and lower than the national average of 5%.

## 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

# Detailed findings

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 20 September 2016. During our visit we:

- Spoke with a range of staff including the principal GP, the clinical nurse practitioner, five members of the practice administration team and a member of the local medicines management team.
- Spoke with four patients who used the service including two members of the practice patient participation group (PPG).
- Observed how staff interacted with patients and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was 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 in a book in reception office. 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 the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when an incorrect medication was given to a patient, the patient was contacted, an apology given and the correct medication issued. Staff were reminded that care was needed when adding medication that was very similar in spelling to others.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place which generally kept 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. The safeguarding policy was accessible to all staff. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and contact numbers were also displayed on the reception office wall. There was a lead member of staff for safeguarding. The GP 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. The principal GP and clinical nurse practitioner were trained to child protection or child safeguarding level 3 and the health care assistant to level 2.

- Notices in the waiting room and on consulting and treatment room doors advised patients that chaperones were available if required. The practice only used clinical staff to chaperone at the time of our inspection. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The clinical nurse practitioner was the infection control clinical lead and there was an infection control protocol in place. New staff were instructed in hand washing techniques, however we saw no evidence that all staff had received up to date training in infection prevention and control. Infection control audits had not been undertaken to assess practice compliance against protocols.
- 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 CCG pharmacist visited the practice weekly, carried out work against the practice prescribing work plan and trained the practice health care assistant as the practice medicines management co-ordinator. This enabled the practice to carry out regular medicines audits 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 the use of prescription pads. However, there was no monitoring system for blank prescription forms. The clinical nurse practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific

## Are services safe?

clinical conditions. She received mentorship and support from the principal GP for this extended role. The health care assistant was trained to administer vaccines and medicines against a patient specific direction.

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

### Monitoring risks to patients

Risks to patients were assessed and generally 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 equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had no electrical safety certificate for the building. Following our inspection, we saw evidence that a visit had been arranged to perform the necessary electrical safety checks.
- 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. The practice had an arrangement with a neighbouring practice to ensure that GP support was available for the clinical nurse practitioner when there was no GP on the premises.

### Arrangements to deal with emergencies and major incidents

The practice generally 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. It was noted on inspection however that the portable oxygen cylinder was out of date and the remaining two oxygen cylinders were less than half-full. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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 and was produced using the neighbouring practice as a disaster-planning buddy.



# 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.
- 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 were 97.5% of the total number of points available. This was 0.4% above the clinical commissioning group (CCG) average and 2.7% above the England average. Exception reporting figures for the practice were lower than the CCG and national averages (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). The practice clinical exception reporting figure overall was 9% compared to the CCG average of 9.9% and the national average of 9.2%.

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

- Performance for diabetes related indicators was generally comparable to the national and local averages. For example, the percentage of patients who had their blood sugar levels well-controlled was 73% compared to the local average of 80% and national average of 78% but the percentage of patients with blood pressure readings within recommended levels was 80% compared to the local average of 80% and

national average of 78%. The percentage of patients who had had an influenza vaccination was 97% compared to the local average of 96% and national average of 94%.

- Performance for mental health related indicators was variable when compared to the local and national averages. For example, 98% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 93% and national average of 88%. However, 81% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the local average of 88% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included GP training in better identification of early signs of possible bowel cancer.

Information about patients' outcomes was used to make improvements such as ensuring that patients taking medication for thyroid problems were appropriately recalled to the practice for review in a timely manner.

### 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, hand washing techniques, fire safety, health and safety and confidentiality. Staff answering telephones in reception were regularly assessed to identify any learning points.
- The practice could demonstrate how they ensured role-specific training for relevant staff, for example, for those reviewing patients with long-term conditions. However, we saw that update training for clinical staff



# Are services effective?

## (for example, treatment is effective)

was out of date in the areas of cervical cytology, vaccinations and immunisations and family planning. The practice told us that they were currently attempting to address this.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff generally 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. The clinical staff worked closely with the principal GP. They received close supervision and regularly met to discuss clinical issues. The principal GP also peer reviewed locum GP consultations and provided them with supervision and support. Only the principal GP authorised patient repeat medications. One member of non-clinical staff had been supported by the clinical nurse practitioner to train as a health care assistant and was studying for an NVQ level three qualification at the time of the inspection. All staff had received an appraisal within the last 12 months.
- 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, in-house and external training.
- Clinical staff were supported by a phlebotomist who visited the practice every week.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was largely 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. However, it had been agreed that administration staff could remove some patient blood test results that were within normal ranges including liver and thyroid function tests. This was done without a written practice protocol.

- 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. The principal GP reviewed care plans for all patients with complex needs when they were discharged from hospital and visited them if appropriate. Meetings took place with other health care professionals on a three-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment mostly 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 clinical nurse practitioner assessed the patient's capacity and, recorded the outcome of the assessment.
- Verbal consent only was obtained and recorded for all contraceptive implants not written consent as required

### 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 patients experiencing memory loss. Patients were signposted to the relevant service.
- A podiatrist visited the practice twice a month to carry out foot screening for diabetic patients and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was lower than the CCG average of 85%

# Are services effective?

(for example, treatment is effective)

and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; they sent letters to patients who did not respond to screening invitations.

Childhood immunisation rates for the vaccinations given were generally higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% compared to CCG figures of 90% to 98% and to five year olds from 81% to 100% compared to CCG figures of 89% to 98%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Many patients praised the kindness and professionalism of staff.

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.

The practice had recently relaunched its PPG and quarterly meetings were planned. We saw notices in the reception area to encourage patients to volunteer for this role. The PPG representatives who we spoke to felt that the first meeting had gone well and that plans had been made for the future role of the group.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice was generally lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and 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 92% and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The patients we spoke to all praised the staff at the practice and told us that staff took the time to listen to them and that they never felt rushed. The patient comment cards indicated that patients felt that they were treated with care and concern by staff and many said that staff were very caring.

### 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 that many patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were generally below local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 85% and national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 88% and national average of 85%.

## Are services caring?

The surgery put together its own patient survey to get more detailed feedback from patients so that areas of concern could be better addressed. The content of the survey was discussed with the PPG at its inaugural meeting. At the time of inspection, the survey had not been completed.

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.
- One staff member had produced over 50 flash cards for the GP to use during consultations for any patient who had a learning difficulty.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers (2% of the practice list). All carers were invited for annual influenza vaccinations. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the principal GP contacted them or sent them a sympathy card. This could be followed by a visit or consultation at a flexible time to meet the family's needs. All bereaved families were given advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was currently working with neighbouring practices and the CCG to plan service provision on Thursday afternoons. Further work was also taking place to shape the provision of treatment room services and phlebotomy in the local area.

- The practice offered a 'Commuter's Clinic' on a Saturday morning from 9am to 12noon for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. Two patients were deaf and able to lip read. These patients were well known to staff who would assist them as needed. One patient was blind and the surgery had a guide dog policy to allow them access to the practice.
- Reception staff at the practice called patients through for their appointments. This allowed staff to recognise any patient needing their support at that time.
- Alerts were put on patient records for those patients who had difficulty in contacting the practice early in the morning for an appointment to allow them to be seen urgently if necessary.
- Staff had received training in dementia care.
- The clinical nurse practitioner had arranged for an additional, later collection of patient samples from the practice.
- Staff told us that because the practice was small, they recognised most patients and knew them well. They said that this enabled them to recognise and respond quickly to any concerns. They also said that they tried to

provide a personal service and would go out of their way to help if needed. We were told of incidents when staff delivered prescriptions to patients' homes when they were unable to come to the practice.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and extended hours were offered on Saturday from 9am to 12noon. Doors were open to patients from 8.15am to 6pm. Appointments were from 9am to 11.30am every morning and 3.30pm to 5.30pm in the afternoon every weekday except on Monday when the practice had an open surgery in the morning between 9am and 10.30am in place of the booked appointments. 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. The practice offered online booking for appointments and telephone appointments were also available.

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

- 72% of patients were satisfied with the practice's opening hours compared to the local average of 79% and national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the local average of 71% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients told us that they particularly liked the Monday morning open surgery and appreciated that if they attended this surgery they would often have to wait to be seen.

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.

Patient requests for home visits were listed on the computer system and given to the GP to assess the urgency of need. All urgent requests were passed through to the GP immediately. The GP usually contacted the patient first before visiting. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait

# Are services responsive to people's needs?

(for example, to feedback?)

for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had 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.
- There was a complaints policy available in the practice but it was not kept on the practice computer system in the staff shared area or in hard copy for staff to access easily. There was also no complaints poster or leaflet

available in the practice waiting area for patients although there was information on how to complain on the practice website. The practice told us that they would ensure that a poster was displayed following our visit. Patients we spoke to told us that they felt that they could complain if they ever needed to and said that they would ask at the reception desk for a practice manager.

We looked at six complaints received in the last 12 months and found they had been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, an unexpected situation during a consultation led to a breakdown in communication with the patient involved and a wait to be seen. Staff were reminded that patients should always be informed of any delay and asked to wait appropriately.



# 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 statement of purpose and staff knew and understood the values.
- The practice was working with other practices in the area and the CCG to provide better service provision.
- The practice planned for the future and had discussed possible developments although these were not documented.

### Governance arrangements

The practice lacked an overarching governance framework to support the delivery of the strategy and good quality care. There were some structures and procedures in place to ensure 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 generally available to all staff, both on the practice computer and in hard copy. Some policies and procedures such as the practice complaints procedure were not readily available to 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.

### Leadership and culture

On the day of inspection the principal GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP 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 for all staff on communicating with patients about

notifiable safety incidents. The partners 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. These were held every two months and communication within the practice was maintained between meetings both verbally and by email.
- 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. There was a team social event funded by the practice every year and staff turnover was low; one staff member had been with the practice since it started in 1982.
- Staff said they felt respected, valued and supported, particularly by the GP and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal GP 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 was gathering feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was planning to meet regularly and had already made suggestions for improvement during the first meeting. For example, in order to identify any possible concerns, the PPG suggested that patients seeing any locum GP working in the practice were asked for their opinion regarding the care and treatment that they experienced.

# Are services well-led?

Good 

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

We saw evidence that the locum GP name had been added to our patient comment card before it was given out for feedback so that any possible concerns could be related to that GP. No concerns were identified.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The principal GP had invested in extending the surgery premises. They were working with other practices in the area to improve patient access to GP services on Thursday afternoons and with the clinical commissioning group to shape the provision of treatment room services and phlebotomy in the local area.



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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice did not make all patient test results available to suitably qualified persons in the practice.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>Staff did not always receive such appropriate training to enable them to carry out the duties they were employed to perform. This included infection prevention and control, cervical screening, vaccinations and immunisations and family planning.</p> <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

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.